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ABSTRACT

The University Affiliated Facility (UAF) Programs throughout the United States provide a unique combination of university and community college affiliations for multidiscipline training, multidiscipline services to clients as an adjunct to this training and the conduct of research, all for the benefit of the developmentally disabled client. The workshop had the objective of providing UAF administrators with an opportunity to discuss possible solutions to common management problems and to review new techniques for improved management in UAFs. The use of case problem discussion, panel presentations by administrators, and small group discussions elicited maximum participation and made it possible to accomplish the objective. The proceedings contain the texts of individual presentations specific to UAF administration and related to the following general topics: Health Care Professionals' Expectations of Administrators, Difficult Management Conflicts, Management by Objectives, Use of UAF Data Base Information as a Management Tool, The Future of UAFs as a Unique Health Service versus Training Institution, Utilization of Computer Applications in UAF Management, Difficult Financial Management Problems, and Alternate Financial Management Solutions. Appended are four case studies, a list of suggested UAF administrator roles, workshop program, a list of participants, and workshop evaluation (instrument and data). (Author/MS)

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PROCEEDINGS

MANAGEMENT IMPROVEMENT WORKSHOP

for Administrators of

University Affiliated Facilities

November 12–14, 1973

New Orleans, Louisiana

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

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TABLE OF CONTENTS

Preface i

Health Care Professionals' Expectations 1

    Introduction
    Walter M. Burnett, Ph.D. 2

    Administrative Behaviors
    Theresa Forti, R.N., M.S. Hgy. 3

    Administrative Expectations
    Ben Ray, M.S.W. 9

    Administrative Expectations
    John Shaefer 11

Difficult Management Conflicts for UAF Administrators 15

    UAF Organization in the University Structure
    R. Wilburn Clouse, C.B.E., C.D.E. 17

    Management Conflicts, Real or Potential, Within a UAF
    Adrian E. Williamson 23

    Accountability as Applied to the Management of a UAF
    Charles V. Keeran, Jr. 27

Management by Objectives and the Administrator of the UAF
John R. Schermerhorn, Jr. 31

The Use of UAF Data Base Information as a Management Tool
William E. Loadman, Ph.D. 43

The Future of UAFs as a Unique Health Service versus Training Institution 51

    The UAF as a Unique Service System
    Jerry O. Elder 53

    The UAF as a Unique Training System
    J. Robert Gray 61

    Future Funding of UAFs
    Edmund F. Onorati 67

Utilization of Computer Applications in UAF Management
Donald Guthrie, Ph.D. 75

TABLE OF CONTENTS (Continued)

Difficult Financial Management Problems in a UAF 87

Cost Analysis in a UAF
Ron Thorkildsen 89

Third Party Reimbursement
Melvin D. Peters 93

University Accounting Systems Incompatibility
Henry G. Schulte 97

Alternate Solutions to Difficult Financial Management Problems
Hugh W. Long, Ph.D. 101

APPENDICES

APPENDIX A:
Case Study No. 1:
Personnel Conflicts and Interaction Between Professional Staff and UAF Administration 115

Case Study No. 2:
UAF Management Conflicts 121

Case Study No. 3:
Conflict Between Patient Service and Training in a UAF Service-Based Program 125

Case Study No. 4:
Management Problem 131

Case Study No. 5:
Clinical Training Unit 135

APPENDIX B:
Suggested Roles of a UAF Administrator 141

APPENDIX C:
Management Improvement Workshop Program 143

APPENDIX D:
Management Improvement Workshop Participants 151

APPENDIX E:
Evaluation of Workshop 157

PREFACE

The University Affiliated Facility Programs throughout the United States provide for a unique combination of university and community college affiliations for multidiscipline training, multidiscipline services to clients as an adjunct to this training, and the conduct of research, all for the benefit of the developmentally disabled client. This uniqueness is not found in any other type of organization. Such an organizational framework presents many problems to Administrators of University Affiliated Facilities. These Administrators come from a variety of educational backgrounds and work experience. The combination of these factors presents numerous problems for UAF Administrators. For these reasons, a Management Improvement Workshop for UAF Administrators was held November 12 - 14, 1973, in New Orleans, Louisiana, to discuss both those problems that are unique to a UAF Administrator and those that are not so unique. The global objective of this workshop was to provide UAF Administrators the opportunity to meet in a two and one half day workshop for the purpose of discussing possible solutions to common management problems and to review new techniques for improved management in University Affiliated Facilities. The use of case problem discussions, panel presentations by Administrators, and small group discussions elicited maximum participation by all those attending and made it possible to accomplish this objective.

The role of the UAF Administrator was chosen as the overall theme of the workshop. It was not the purpose, however, of the workshop to determine this role but rather to examine the many roles a UAF Administrator plays and to discuss the problems associated with them. It is up to each individual Administrator to define the roles that person has in their own UAF.

The content of these proceedings illustrate the continuing concern that Administrators have for the overall operation of UAFs and their dedication towards the continued success of them. The workshop provided a forum for Administrators to discuss their common problems and to identify those problems which are unique in certain UAFs. The identification and clarification of these problems is the first step towards their possible solution.

This workshop was made possible through the funding of Training Grant No. 2003 from the Bureau of Community Health Services, Health Services Administration, U. S. Department of Health, Education and Welfare.

Jerry O. Elder
Workshop Coordinator

HEALTH CARE PROFESSIONALS' EXPECTATIONS OF ADMINISTRATORS

Walter M. Burnett, Ph.D., Moderator
Director, Graduate Program in Health
Services and Hospital Administration
School of Public Health and Tropical Medicine
Tulane University

OBJECTIVE:

To acquaint the Administrators with expectations their professional staff have toward the role of an Administrator and to use these expectations as a common ground for discussion during the course of the Workshop.

The most important comment that Workshop Chairman Jerry Elder made in his introduction is that this is intended to be a workshop. That means that one of the objectives is to maximize participation on your part rather than put you through a series of lectures by people who think they know all the answers to all your problems.

To put some rationale behind the program structure, the first presentation will be made by members of the Tulane faculty in the Graduate Program of Community Mental Health. The intent is to have a professional point of view expressed in terms of what one expects from an Administrator. This will be followed by a presentation from three of you on major management conflicts experienced in a UAF. Then to focus on how to deal with these expectations and these conflicts, John Schermerhorn will introduce the Management by Objectives concept, followed by a series of case study discussions and this afternoon a presentation on information systems.

Tomorrow we will continue the discussions, starting with three presentations in the morning, additional case studies and a presentation on computer applications. At the end of the day, we will look at several financial problems in another panel and Wednesday morning Professor Hugh Long of our Business School faculty will respond to those problems in a formal presentation.

There is a lot in the schedule. Hopefully it will be a very productive two and a half days for you, particularly if you participate with enthusiasm, gusto and criticism.

The individuals for the opening session are three health professionals. They include John Shaefer, who is both a Mental Health Specialist and an Episcopal Clergyman; Ben Ray, a professionally-trained Social Worker in the Mental Health section, and a substitute for Ms. Theresa Forti, who was unable to be with us because of a scheduling conflict but who did prepare comments from the point of view of one trained in nursing.

Before we begin, I would also like to introduce several other individuals you will see here the next couple days. One is Mrs. Ruth Barnes who will be available to help you with any problem and who in her capable way is handling the local arrangements. The others are Eric W. Vetter and John Schemerhorn, members of the faculty of our Graduate School of Business who will be serving as discussion leaders this afternoon.

ADMINISTRATIVE BEHAVIORS

Theresa Forti, R.N., M.S. Hyg.
Assistant Professor
Graduate Program in Community Mental Health
School of Public Health & Tropical Medicine
Tulane University

I regret that I am unable to be with you this morning because of a previous commitment. However, I am pleased to have the opportunity to share some of my thoughts and ideas about the role of an administrator with you. My thanks to the reader for making this communication possible.

I believe that effective administration skills can be developed by those Managers who are willing to take the time and effort required to deal with their personnel as human beings. Along with this willingness, a commitment to the administrative process is essential. From this foundation, there are certain areas of knowledge, skills and attitudes which I consider central to the administrative role. The following list of expected behaviors may sound idealistic to some of you; but, I believe that Managers should be continually striving toward ideal goals.

If I were working as a professional nurse in an agency which offered patient-centered services and which provided a training component for its professional personnel, I would function most productively under an administrator who showed evidence of trying to exhibit the following behaviors:

1. Believes that administration is a living process and recognizes that tasks get done most effectively in an organization through the collaboration of personnel.
2. Demonstrates that he is a human being first and an administrator second.
3. Recognizes resistance to change as normal.
4. Encourages independence and interdependence among personnel.
5. Promotes personal and professional growth by creating a working climate conducive toward reaching this goal.
6. Respects the expertise of personnel and considers them as contributing members of a health team.
7. Provides opportunities for personnel to share their expertise in problem solving activities and to develop growth-fostering support systems.
8. Collaborates in problem solving activities with personnel.

9. Demonstrates honesty, openness and fairness in all interactions with personnel.

10. Shows consistancy in efforts to develop trust.

11. Seeks consultation when needed.

12. Admits mistakes and says "I don't know" when this is reality.

13. Considers himself a continual learner and is willing to learn from personnel.

14. Communicates effectively through a two-way process and recognizes that written communication can be misinterpreted.

15. Involves personnel in certain levels of decision making.

16. Communicates decisions which must be made alone to personnel and offers them an opportunity to discuss.

17. Interprets organizational policies and procedures.

18. Demonstrates flexibility and willingness to change policies and procedures according to assessed need.

19. Assesses personnel needs and problems periodically.

20. Facilitates the resolution of personnel problems.

21. Selects and hires staff through counsel with key management people.

22. Collaborates with personnel on evaluation of their professional performance.

23. Develops budgets and assesses problems related to financial affairs.

24. Demonstrates methods of obtaining funds, if needed.

25. Deals with legal and political matters, if needed.

26. Appraises the organizational goal and objectives periodically; assists personnel to do the same.

27. Determines the consistency of programs and organizational goals and objectives.

28. Assists personnel to determine organizational priorities.

29. Integrates planning strategies with other organizational activities.

30. Collaborates in planning with other organizations; promotes linkages.

31. Assesses manpower and facility needs periodically.

32. Facilitates the evaluation process related to quality of services and to the impact of services on the community.

33. Encourages personnel to identify consumer needs and their evaluation of services; provides for community input.

34. Considers the areas of planning, implementation, evaluation and public relations more important than areas like span of control, centralized decision making and chain of command.

35. Demonstrates effective relationships with Board Members.

36. Compromises when needed and negotiates effectively.

37. Delegates responsibility along with authority for specific tasks.

38. Remains cool in crisis and deals with these situations realistically.

39. Trouble shoots to prevent certain crisis from impacting.

40. Defers personal reactions and quick actions in stressful situations for intelligent problem solving.

41. Provides personnel with work benefits which meet their physical and psychological needs.

42. Demonstrates patience and perserverance.

43. Considers interpersonal relations a key to organizational productivity.

44. Knows available community resources.

45. Monitors operations continuously to collect data for decision making and program planning.

46. Broadens views and perceptions at every opportunity.

47. Represents the organization in external matters.

48. Remains accessible and available to personnel.

49. Validates facts rather than operates on assumptions.

50. Attempts to evaluate the administrative process continually through a feedback system.

There are certainly many more administrative behaviors which I have not included in this listing. Each one of you probably has individual ideas about the administrative role. Perhaps the thoughts I have shared with you might trigger additional ideas for your workshop activities.

GOOD LUCK WITH YOUR TASK

ADMINISTRATIVE EXPECTATIONS

Ben Ray, M.S.W. Instructor
Program In Community Mental Health
School of Public Health And Tripical Medicine
Tulane University

I really can't add too much more to Theresa's comments, but in preparing for today, I tried to think of myself as a social worker in your type of agency, and explore what I would like to see or experience. So, I have a short list and it is, again, from my perspective.

The first thing would be to involve me in decisions and policies and planning that directly effect me-- the participatory idea. If I am going to be involved in doing something or if I am going to have to carry out certain kinds of responsibilities, I would like to be involved in some way in the decisions about those things. Another expectation, and this is attitudinal as well as behavioral, is for an Administrator to foster an environment which encourages growth and creativity. This is very important to me.

I would also expect an Administrator to have some system or procedure developed for communication. And also procedures developed for problem solving for specific work problems as well as problems that broadly effect the operations.

I suspect that a lot of your work is done through team effort. I would think that an Administrator could foster and strengthen the working of teams by helping the teams be task-focused and interdisciplinary.

Now, another thing in agencies where I would have a variety of roles, is my expectation that the Administrator would assist me in some way with my role definition. For instance, if I have a role as an educator as well as a role as a social work clinician, I would probably need some help in defining this kind of role for myself.

I would expect or hope that the Administrator would not work in isolation but would involve other people in the agency in the problems that he has and which broadly effect the work of the entire agency.

Also it would be important for me to have an Administrator who demonstrates trust and carries out the responsibilities of the agency with trust and responsibility.

ADMINISTRATIVE EXPECTATIONS

John Shaefer, Instructor
Program In Community Mental Health
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Tulane University

Being an Episcopal priest and also trained as a pastoral counselor, I sit in two different worlds and sometimes it is very difficult to try and change hats. For instance, if I am a clergyman functioning in a church setting, oftentimes my administrative viewpoint would be vastly different than if I am a clergyman functioning in the health field. I think this is one of the convulsions that takes place for a clergyman who leaves the protected environment of a church setting -- the womb, so to speak -- and goes out into the big, bad world to find there are different ways of doing things.

For instance, let me highlight this a little bit and perhaps you can see what I am saying. In a church setting as a clergyman, there are two givens under which I must operate. The first given would be my denominational background. What kind of automony is there at the local congregational level versus the hierarchal structure? If I am a clergyman in the United Church of Christ or in a Baptist Church, the autonomy would be on a very local level. You would have a very diverse thing. On the one hand, the clergyman would have tremendous local autonomy but on the other hand, the local congregation would not have a great deal of feed-in to what he does in a participatory model. On the other hand, as an Episcopal priest, I operate under an ecclesiastical system where I have a bishop and where there can also be different reactions and different administration models. For instance (I hope I don't offend anyone) there are some Episcopal priests in this world who cannot go to the bathroom without the bishop's approval. If any of you are psychologically trained, Episcopal clergymen in this type of hierarchal setting have to have father's approval before they can do anything. That can present all types of problems. They will function well when "you tell me what to do and I will do it". And they will probably do a pretty good job.

The other given that comes about is the dynamic of why men become clergymen in the first place. For the most part there is a need to serve and unfortunately for far too many clergymen, including myself, the need to serve gets very confused with being a suffering servant. And you can get a tremendous amount of people doing what I would call scut work when there is no need for them to do that.

There is another given for a clergyman that very few people realize. Most people in graduate schools are taught many things but it's inconceivable to me that there are two things clergymen are not taught: First, they are taught absolutely nothing about community organization and, secondly, they are taught absolutely nothing about administration. I had one two-hour course in what was called Parish Administration and that amounted to sitting around the table and talking about how you fill in a baptismal register or how you fill in a confirmation register. And you never really learn anything at all about human beings and how you relate to human beings. That came about through the back door.

And I wonder about Administrators. How do people become Administrators? I know that in the mental health field we become Administrators because either we are put in the role of an Administrator because we have been a good clincican or we become an Administrator because we have had tremendous training in administration but know nothing of a clinical background. So we have a world in which these people never meet. You have good clinicians and good Administrators but nothing in between. This happens too often to clergymen who have no training in administration.

Specifically in the health field, I think what needs to be resolved is a problem that has been going on for quite a few years and that's the old medical model. Something has to be done with it. Something has to be done to try to put into place some type of interdisciplinary approach to problems, where there is a mutual trust, where there is a support base system that has been established. I think you've heard it from Ben's presentation, you've heard it from Theresa's and you are certainly going to hear it from mine: If you do not have an organization that fosters a mutual support base system, yours is going to be an organization which from an administrator's viewpoint will have problems. And if there is one priority I can give it relates to that administrative system that fosters a support base.

Clergymen in this day and age are becoming well trained. There are two national organizations in the U.S. that certify clergymen. One trains people to become hospital chaplains; it's called the Association for Clinical Pastoral Education. The second certifying agency is called the American Association of Pastoral Counselors. Both organizations put a high priority upon good psychiatric training. For instance, the American Association of Pastoral Counselors requires that to be certified at their beginning level, a man must have 125 hours of psychiatric supervision. An hour of supervision covers each four hours of therapy. The supervision has to be in different areas, over a year's period and must include supervision in depth of one client. In addition to that, at the first level each man is encouraged to go into psychotherapy and at the second level, which is a fellow level, each man must have "a sufficient investigation in the inter psychic processes to protect themselves and their clients from themselves". Any way you interpret that, it means psychoanalysis. So the qualifications are fairly high.

The medical model says only M.D. Trained people are qualified to do therapy. I don't know how you feel about that but there are many, many well qualified people who as nurses, as social workers, as clergymen do a tremendous amount of therapy and if you as an Administrator are stuck with the medical model, this is going to present all types of problems within your organization. I would argue very strongly for an interdisciplinary approach to administration where disciplines are not looked at in the normal sense. I would argue for strong, small task-oriented groups with specific tasks that must be done and completed, where the traditional hang-ups are not present.

From my own personal viewpoint, I think an Administrator -- if I can borrow the old Theory X, Theory Y -- must be very honest with himself, get in touch with his gut-level perceptions, must ask himself how he basically views human beings. If they can be trusted, if they can be flexible and open, if given a job they will get it done, that will determine the administrative style. But if human beings cannot be trusted, if they are lazy, if they cannot do their work, then this will mean another style of administration. I assume this is old hat to you, but I think it is very, very important that we be very, very open with ourselves. I would want an Administrator who would be very open with himself about how he sees himself and his world view. How does he view human beings? If he can be in touch with that, I would choose the Administrator who is open and flexible, one who would be honest and who would support me and enable me to support him. Under that kind of administrator, I think the work can be done. Under other views of administration, yes, the work can get done but at a price -- and a price that can be avoided.

DIFFICULT MANAGEMENT CONFLICTS FOR UAF ADMINISTRATORS

OBJECTIVE:

To present to the Administrators three difficult management conflicts which will serve as a basis for the topic on structuring objectives to meet these conflicts.

THE UAF ORGANIZATION IN THE UNIVERSITY STRUCTURE CONFLICTS, PROMISES AND PROBLEMS

R. Wilburn Clouse, C.B.E., C.D.E.
Assistant Director for Administration
John F. Kennedy Center for Research on
Education and Human Development
George Peabody College for Teachers

The introduction of University Affiliated Interdisciplinary Training Programs during the past decade has resulted in the development of several interesting and complex organizational models within the university structure. Interdisciplinary Training Programs, by nature, require an organizational setting that will permit each discipline to express some degree of autonomy, but at the same time, each discipline must be conscious and receptive to inputs from other disciplines. The UAF organizational structure must be sufficiently centralized to bring about goal-oriented decisions that are not discipline oriented, but flexible enough to insure all disciplines a fair input into the decision. The development of such an organizational structure is a non-trivial task.

The traditional view of independence and autonomy in discipline training programs is no longer appropriate for most modern interdisciplinary training programs. As the name implies, UAF Training Programs are in some way associated with a university. The exact location of the UAF in the university structure influences, to some extent, the orientation and independence of the UAF. Several organizational models for UAFs are currently in operation today. Since the UAF is interdisciplinary in nature, many universities have had difficulty in identifying the appropriate organizational structure within the university setting. Almost every UAF has a unique position within the university structure, however, some general statements can be made concerning the organizational level of UAFs in general. In most cases, the UAF Director will report either directly or indirectly to a Chancellor for Medical Affairs, a Dean of a Medical School, or some other related office. In other universities, the UAF Director may report to a specific discipline that in turn reports to a Chancellor for Medical Affairs. The location of the UAF in a university setting is a fairly critical issue. In order to function in the most efficient manner, the UAF must have sufficient clout and charisma to operate autonomously within the broad framework of the university structure.

While the universities have been very receptive to the interdisciplinary programs of the UAF, some accommodations in operational procedure at the organizational level have been necessary. The UAF represented, for most universities, a totally new concept in training. The UAF needed an organizational home that would permit each discipline to operate in an atmosphere that is not restricted nor influenced by any one discipline. The university is obviously the most appropriate in which to house an interdisciplinary training program.

Like any new organization which is superimposed into an existing structure, managerial conflicts are inevitable. Over the past years we have witnessed some of those managerial conflicts between the UAF and its parent organization, the university. I will now briefly mention five of those managerial conflicts that have occurred and which are related to the organizational structure of the university setting:

1. Operational Philosophy

   Universities have been accustomed to operating colleges, schools, division, and departments. The operational structure of the university is primarily geared for the management of these types of organizations. The operation of a UAF is obviously different from any of the above sections of the university structure. Because of the unique role and mission of the UAF, University Administrators have had to make some changes in their operational procedures. On many occasions, the University Administrator has misunderstood the unique role and mission of the UAF. The university has failed to completely understand the interdisciplinary nature of the UAF Training Programs. The operational style of the UAF is totally different from the operational style most frequently seen in a university setting. The failure of a university to understand and appreciate the unique role of the UAF has been, and probably will continue to be, one of the problems that the UAF Administrator will face.

2. Organizational Jealousy

   Managerial conflicts have occurred within the existing university structure as to the location of the UAF in the university setting. The addition of a program like a UAF can cause a power struggle between colleges, schools, and/or departments of the university. Over time, this struggle can inhibit both vertical and horizontal communications within the organization. UAF Administrators are constantly aware of the critical need to develop strong lines of vertical and horizontal communications to prevent such managerial conflicts. This organizational jealousy and power struggle can make the role of a UAF Administrator extremely difficult.

3. Real Estate Ownership

   The installation of a UAF carries with it the construction of new buildings and the purchase of new operating equipment. During the early stages of development of the UAFs, funds were not always available to completely develop and equip the entire

3. Real Estate Ownership (Continued)

facility. In UAFs where this occurred, quite frequently space would be available awaiting the arrival of equipment and personnel. Crowded universities are usually hungry for additional space in which to expand their ongoing research and training programs. Such situations have given rise to a real estate power struggle over ownership and utilization of the new constructed facilities. Many UAFs are constantly besieged with requests from the universities for the use of schedulable space such as lecture halls, class rooms, individualized treatment rooms, etc., as well as requests for office space, training space, and equipment. Although the university is under obligation to utilize the UAF as specified under the Public Law that gave status to UAFs, the university is sometimes pressured into seeking permission to utilize space within the UAF. This real estate utilization problem can become a severe time-consuming managerial conflict. As federal funds for training programs are cut, this problem of real estate ownership will become even more severe.

4. Accounting And Reporting Procedures

Of all the managerial conflicts that exist between the UAF and the parent organization, this conflict is probably the most crucial. University accounting systems are primarily developed around a historical need to provide records that show a good audit trail. The UAF, as an organization, must have accounting and budgetary information on a day-by-day basis in order to manage and run an effective organization. The UAF must have an encumberance accounting system provided by the university. This need for instant accounting information has led many UAFs to develop their own internal accounting and budgetary control systems. Duel systems of accounting procedures have often resulted in a managerial conflict between the UAF and the parent organization. The university accounting section will argue that their records are sufficient to operate and maintain an efficient organization. The UAF Administrator fully realizes that he must have at his fingertips current expenditure reports.

4. Accounting And Reporting Procedures (Continued)

He cannot wait until the university accounting section produces historical expenditure reports.

5. Personnel Policy

Since UAFs are a part of a university structure, they must operate under the personnel policy of the university. Since UAFs are totally different from colleges, schools, or departments within a university structure, they quite often have different demands for staff and faculty. This may mean that the UAF will need to acquire the services of persons not normally seen in the university setting. The UAF must be free to determine its own personnel needs, and to allocate appropriate funds for acquiring the services of such personnel.

A managerial conflict quite frequently occurs when the UAF needs the services of a professional person who would like to be identified with a department of the university. Frequently, the university will hesitate when a request is made to place this person on a tenured track within the university. For the most part, these professional faculty members will be paid from grant funds which are considered by the university to be soft monies. This type of personnel policy makes it extremely difficult for the UAF to attract and hold senior professional faculty. This problem, along with the appropriate salary levels for experienced and well-trained personnel, is a critical issue between the UAF Administrator and the university personnel policy.

The five managerial conflicts that have been presented briefly are just an illustration of the problems that arise in the operation of a UAF. The managerial conflicts heretofore mentioned are not necessarily unique or applicable to all UAFs. The conflicts are however potential problems for every UAF. As Administrators, we need now to develop guidelines, procedures, and techniques to deal with these organizational-managerial conflicts that may currently exist or develop in future years.

There is obviously a great need for university affiliated interdisciplinary training programs. While I have presented a number of conflicts and problems associated with the operation of a UAF within a university setting, I am by no means pessimistic as to the future and benefit that will be derived from the UAFs. On the contrary, I am very pleased that we have the opportunity of discussing such managerial conflicts between the UAF and the parent organization. I believe such open discussion will lead to improvement in our lines of communication within the university setting. With every newly formed organization, there is a continuing need to educate higher management on the needs and unique roles of the new organization. I believe we must continually impress, on the university management, that our role is unique and that we have demands as an organization that are quite different from the normal university structure.

MANAGEMENT CONFLICTS, REAL OR POTENTIAL, WITHIN A UAF

Adrian E. Williamson
Chief of Administration
John F. Kennedy Child Development Center
Denver, Colorado

In order to understand why internal management conflicts occur within a UAF, I think it is necessary to briefly review the typical UAF makeup. We will find a Director who is a person trained in a specific discipline, such as Pediatrics or Clinical Psychology, and who has been given the job of directing and coordinating the efforts of a group of professionals, trained in up to sixteen different specialties, into a closely-knit interdisciplinary team. The Director may be the Project Director of all, some, or none of the specific projects. Under the Director you may have an Associate Director or an Assistant Director, Coordinators, and Project Directors, each one with a different training background; trained, if you will, with each one believing that his discipline is the most critical to the universal order of priorities. This feeling is quite understandable since it started as an interest in high school, was selected as the specialty in college, and very amply reinforced by every Professor in that specialty during the entire training process.

Now when you take such a heterogeneous mix of people and attempt to mold them into a smoothly functioning interdisciplinary team, you have several builtin elements which are made to order to create management conflicts - - or perhaps more appropriately - - management challenges.

The first conflict which we need to consider involves self-interest. There is no question that nearly everyone is committed to a truly interdisciplinary effort but we cannot escape a basic and fundamental discipline-promoting interest. I compare a UAF to a medical school where the Dean is comparable to a UAF Director and the Department Chairmen are similar to discipline chiefs. In this medical school setting, each department struggles for its share of recognition, its share of the budget, and so on.

One way this is evidenced is the matter of comparative salaries. It is typical to have some jealousies in this respect whenever there are disparities in salaries between disciplines. Even though differences are justified, grumbling can be heard.

Another conflict is in the assigning of priorities in staffing, especially when budgets are restricted. Let's assume the Director is a Pediatrician and he is faced with the necessity of reducing staff. I don't need to tell you administrators what the complaint will be if he fails to reduce the pediatric component, regardless of other factors. You are very apt to find the various disciplines looking over the Director's shoulder and watching for evidence of favoritism to his own discipline.

In our current positions of having to scramble for funds, the management of a UAF may locate a funding source which is quite appropriate to the stated mission but which may change the current operation to a degree. In this respect, you may find the staff opposing the new program because they feel it is not as desirable as some other particular direction of effort, even though support for that other direction may be expiring. Underlying this position may be a desire to keep on the same old way, or it may be an idealism which is founded on the best of intentions. Idealism of this sort has to be conditioned in the belief that the Director can and will provide support for any mission that the staff decides upon.

This problem leads into the whole question of self-determination. A professional staff frequently takes the stand that they should decide upon their destinies and to a certain degree this is quite appropriate. However, it frequently exceeds the limits of credibility and sometimes approaches the ridiculous. Last spring I heard one of our Chiefs of discipline remark, "In the past I have heard scare talk about funding problems and we always came out all right, so I am not going to be concerned now." Another person said, "Financial support should not be our concern, this is the Director's job."

Still another conflict which concerns me very much is the change which may occur in the personal/professional interest of the staff. Let's assume a staff member is employed in a training capacity on a training grant. As time goes on he becomes interested in an area different from that for which he was initially employed, and he believes he should be allowed to pursue that interest, such as full-time research, either with continued funding on the training grant or the administration should provide suitable funding for this new activity. Now here we have a valuable staff member who has made this request and you have no source to support this change of interest. Closely related to this specific conflict can be a united effort on the part of a few, a majority, or all of the staff to ask for relief from a rigorous well-defined schedule of training and/or service and to allow considerable freedom for elective duty, for example, up to 50 percent of elective research which may or may not be directly related to their current employment funding. Now if your UAF has plenty of loose money lying around, you can rearrange schedules, employ more staff for basic training and service, and grant these requests. If you do not have these funds, you do have a problem.

There are only a couple other potential management problems which I want to mention. One concerns employment of minorities and women. I think most of you are familiar with Affirmative Action Plans of the universities with which you are affiliated and under which you are probably included.

Regardless of your agreement or disagreement with affirmative action I would submit that there are probabilities that some management conflicts can occur. Let's take one example: suppose that a woman staff member decides it would be nice to replace a male director with a female and begins a campaign, subtle or overt, to discredit him. I am sure you will agree that this could result in substantial conflict.

Before I mention the final point, let me summarize the problems which I have mentioned thus far. First, problems created by widely varying backgrounds of the staff, problems of personal self-interest or discipline promotion, salary differentials, staff priorities or reduction in staff. The second set of problems involves changing interests of the staff and desires of self-determination in activities, creating funding and staffing difficulties, especially during periods of stationary or reducing availability of funds. I have also mentioned problems occasioned by Affirmative Action Plans which have a bearing on the selection of staff and staff morale.

The last conflict is one which must concern all of us in this conference. I refer to the administration image within the UAF. I am afraid many of our co-workers view the Administrator as the glorified bookkeeper, a paper shuffler, or a trouble-shooter, but we have a long way to go in many cases to establish ourselves as a peer discipline. We must correct this image. I have deliberately not suggested solutions to the other conflicts as outlined as these will be tackled by our faculty and by you in this conference. However, on the image problem I have very definite ideas. One of the things we can do is exactly what we are doing right here in this workshop - - improve our abilities in active management and administration. The other thing that we must do is to get busy and devote more effort to formal training in the science, if you will, of administration - - training of staff, of trainees, and by giving consultative help to other agencies which need your administrative expertise.

THE CONCEPT OF ACCOUNTABILITY AS APPLIED TO THE MANAGEMENT OF UAFs

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The purpose of this paper is to restate the concept of accountability, then to identify some of the characteristics of UAFs and discuss their implications in relation to the concept of accountability. Through further discussion between the participants of this conference and our consultants, we can hopefully bring ideas into focus which will assist us in improving our UAF programs and in improving our individual skills as administrators.

In this paper the concept of accountability refers to individuals, and organizations, having identifiable functions and responsibilities. Fulfillment of these responsibilities contribute to the achievement of the purposes and goals of the organization. An assessment is made of the competence with which the responsibilities are discharged. The result of this assessment influences the future of the individual, the group, or the program. Note that there are two primary components to the concept -- identifiable, understood, responsibilities and an assessment of competence.

Accountable To Whom For What

Ordinarily an individual or program is accountable to the funding source for carrying out the stated mission. In public facilities that mission can be traced back to public laws and their implementation by the executive branch and the agencies of government. UAFs see themselves as accountable to a variety of entities. Each entity is a product of different laws and regulations. Therefore, it has its own notion regarding the definition, purposes, responsibilities, and priorities of a UAF. Understandably, each entity must behave as though primary emphasis should be given to its concept of the UAF.

To illustrate this point, consider the fact that the major external sources of funding for UAFs are the Maternal and Child Health Services (MCH), the Division of Developmental Disabilities (DDD), and the Bureau of Education for the Handicapped (BEH). In very broad terms these agencies are concerned with the production of clinical practitioners. However, they differ considerably in their philosophy of training and their concepts regarding UAF responsibility for serving community needs. For example, MCH is primarily interested in training which leads to a professional degree and which enables that person to practice effectively in an interdisciplinary setting. The DDD emphasizes under-graduate training and places emphasis upon services to community agencies which carry out planning, educational, and service functions.

The BEH emphasizes educational activities for a single discipline, special education. Research support is not a high priority for any of these three important agencies.

By contrast the University cherishes concepts of academic excellence which typically places greater emphasis on research, scholarly inquiry, teaching, and service to the university and the community. Furthermore, the university has traditionally held that the academician must be free to pursue the truth and teach students in whatever way the scholar thinks best, subject only to peer review. We have the interesting dilemma regarding accountability -- substantial funding coming from outside agencies with their criteria for accountability while promotions and tenure are awarded through the university with its criteria for accountability.

The Influence Of Different Organizational Models

Another characteristic which influences the application of a concept of accountability is variation in the organizational models. Three patterns can be identified -- a unified UAF relating to a single university (Denver), a unified program relating to several universities (Eunice Kennedy Shriver Center at Fernald and Tennessee), and multiple programs relating to a single university (University of Washington). It is probable that the more diffuse the administrative model, the more difficult for external agencies to impose or audit clearly delineated areas of responsibility.

Ambiguity Of Accountability Has Left A Vacuum

In light of the fact that the Director of a UAF is accountable to many people for different facets of his operation, but probably not accountable to any one agency for the total program, the Director is faced with the unique challenge and problem. The Director can ignore this vacuum and attempt to accommodate to as many different external demands as possible. On the other hand, he has a golden opportunity to exercise even greater influence over the configuration of his own program. There is sufficient latitude to permit him to specify priorities given to community services, patient care programs, undergraduate, and graduate education. Furthermore, he can operationally resolve the relative weight to training in a specific discipline versus interdisciplinary training. Interestingly enough he can also decide how much he wants his UAF to be involved as a part of a national network versus operating largely as a regional or local enterprise.

If the Director does elect to clearly conceptualize and spell out his priorities, it is then possible for him to establish an organizational structure which delineates responsibility and therefore permits him to exercise his authority of holding the members of the UAF staff accountable to him. If, on the other hand, he fails to develop such a structure, it seems that each member of the UAF faculty or staff is likely to be more responsive to that agency which pays his salary which, in turn, reduces the capacity of the Director to influence his assignment.

Assessment

Another component of accountability, assessment of performance, requires further exploration. There is considerable controversy about techniques for assessing the competence with which responsiblity is discharged. The number of patient services rendered and the number of students trained is a logistical problem. However, when an effort is made to assess the quality of services rendered or the quality of the educational program, the matter becomes far more complex. A number of UAFs and others are hard at work attempting to devise suitable methods for evaluating program quality. There is little room for optimism over the possibility that devices for measuring quality will be developed in the foreseeable future. In fact the task cannot be fully addressed until agreement is reached regarding the UAFs' goals and objectives.

In the meanwhile it seems that assessment of quality must rest with traditional university mechanisms, peer review.

Summary

The concept of accountability is difficult to apply to UAFs. Each UAF is responsible to a variety of funding entities, each wanting accountability for the programs that it supports. The university, by contrast, hold the reins to individual advancements and promotions. The university's criteria for accountability differs somewhat from those of the funding agencies.

In light of the ambiguity of accountability each Director has a greater option to define the goals, programs, and organizational structure of his UAF. If exercised, this option allows him to spell out areas of responsibility in the UAF which permits him to hold members of the staff accountable to the Director.

The lack of standarized criteria regarding quality of education or clinical program makes assessment of performance more difficult.

MANAGEMENT BY OBJECTIVES AND THE ADMINISTRATOR OF THE UNIVERSITY AFFILIATED FACILITY

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OBJECTIVE:

To briefly present the concept of Management by Objectives as an introduction for those who are not familiar with it and as a review for those who are and to acquaint Administrators with how Management by Objectives and other management concepts may be useful in solving management conflicts.

As is befitting a discussion of "Management by Objectives," let us clarify our own objectives as we approach this short discussion. This morning, I would like for us to accomplish the following:

1. To achieve a common level of understanding regarding this thing called "Management by Objectives", an understanding which will contribute to our thinking throughout this conference and stimulate our efforts at personal development when we return to our own jobs. I will not teach management by objectives here this morning; I will introduce it as a concept and we all must go on from there.

2. To clarify in our own minds the contributions which the concept of management by objectives may make to the themes of "conflict" and "conflict management" which pervade this conference.

THE CONCEPT OF
"MANAGEMENT BY OBJECTIVES"

As we approach this discussion, three questions appear of primary relevance:

1. What is this thing called "Management by Objectives?"

2. How does "Management by Objectives" purport to operate - i.e. on the basis of what underlying assumptions does it stand?

3. What can "Management by Objectives" do for

    a. My organization?

    b. Myself?

Hopefully, our discussion will result in a substantial degree of insight into each of these questions. As a major point of focus, however, and especially given the prior panel discussion, I would like to focus our attention primarily on question 3-b, "What can 'Management by Objectives' do for me?" As the Administrator of a University Affiliated Facility, I would want to learn this morning the potential contribution managing by objectives might make to my own difficulties and challenges back on the job.

Before we go on, I would like to reiterate that I am by no means an expert in "Management by Objectives." Furthermore, I don't find this a source of undue concern for, as my father would say upon hearing the presentation (looking down from 35 years of management experience with the American Telephone and Telegraph Company), "hell, that's nothing but common sense anyway - anyone who's any kind of a manager at all manages by objectives!" Well, let me answer my father in two ways. First, I say "well, we'll just find out if it's all common sense." Second, I say to the extent that it is at least close to common sense we should all be able to go home, do some reading and end up in a position to make the concept useful to our personal needs -- this conclusion I look forward to.

Question One: WHAT IS "MANAGEMENT BY OBJECTIVES?" [1]

As popularly used, the term of "Management by Objectives" carries a variety of applications. Typically, it serves to denote performance appraisal programs, compensation programs and executive development programs. As my father would say, "sure we manage by objectives, doesn't everybody?"

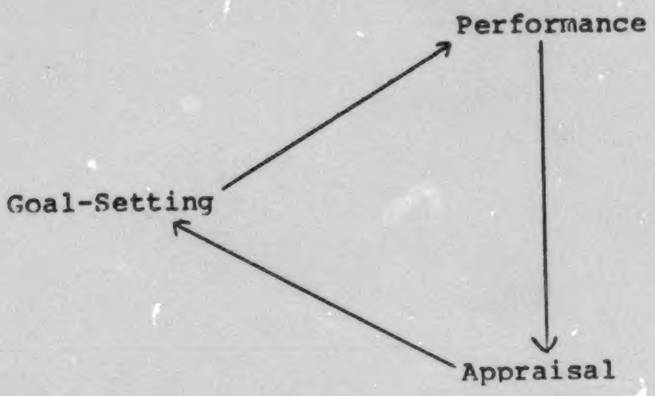
The "givens" or common ground one finds cutting across any "Management by Objectives" effort may be expressed in the following three steps.

1. The superior and subordinate sit down and isolate, agree upon and state the operating goals of performance objectives of the subordinate. This is a joint effort the outcome of which is an explicit statement of performance objectives. Note the following difference: A) "I am going to lower production costs." B) "I am going to lower the production costs of our automatic widget 5% by January 1 by introducing the concept of 'production teams' on the assembly line." Only the latter statement would be legitimate in a formal Management by Objectives program.

2. The subordinate then proceeds to work toward the established performance objective. Presumably this work is characterized by enthusiasm and commitment born of the participation in the goal-setting process and the possession of clarity of the work objectives.

3. At specified review points, the results of the subordinate's performance will be checked against the performance objectives. Some appraisal and assessment of performance is made (Possibly tied in with general questions of promotion and compensation), and the Management by Objectives cycle begins anew.

THE MANAGEMENT BY OBJECTIVES CYCLE:



Some general points pertinent for discussion are the following:

-The focus on the word "family" - superior/subordinate: isn't the process itself something one could accomplish on his own as well?

-The built-in assumptions of enthusiasm, commitment and finally willingness to accept the performance assessment process: is this realistic?

Question Two: HOW DOES MANAGEMENT BY OBJECTIVES PURPORT TO OPERATE?

Now that we have outlined the process of Management by Objectives, let us ask what are the assumptions upon which it is based. According to the literature, there are two such assumptions underlying the Management by Objectives concept.

1. The clearer the proposed task, the greater the probability of successful task accomplishment. This assumption is perhaps best summed up in the following quotation "If you know where you want to go, you increase your chances of getting there." [2] Common sense? Could be, but why don't you think about it a while?

2. Progress is measureable only given prior specifications of what it is one is trying to progress toward. Again a little quotation is relevant: "To accomplish anything, know what it is you are trying to accomplish. To know whether or not you have done so, compare achievements with objectives."[3] Common sense? Again, probably, but still why don't you think about it a while?

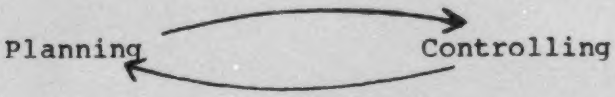
Before leaving this section of the discussion, I think it is best to go back and talk with my father again. He says, "Son, I know you're trying hard, but it still is good old common sense management. Let me make this point a little clearer. Think back to the old management texts and the traditional principles of Planning and Control. Read as follows,

To Plan - to think through and decide upon a course of action.

To Control - To monitor performance and insure compliance with the Plan.

This, that is, the planning-controlling-planning cycle, is Management by Objectives. You are restating the common sense of traditional management principles."

Yes, Management by Objectives is a cycle:



Question Three: WHAT CAN MANAGEMENT BY OBJECTIVES DO FOR...

MY ORGANIZATION? ...MYSELF?

Finally, we come to the all important issues. "What can Management by Objectives do for me as the Administrator of a University Affiliated Facility?" Basically, we may raise the following possibilities.

1. Management by Objectives forces planning and specification of performance objectives.

2. For my organization, an implementation of the program would force clarification and statement of goals for various subunits; this, in turn, communicates interdependencies and conflicts which may serve as the basis for more coordinated and collaborative activity.

3. For myself, an implementation of the program would force clarification and statement of goals for my various roles. This will serve to clearly delineate my responsibilities and any inherent interdependencies, independencies and conflicts which may accompany them.

Don't get hung up on this concept of "role;" we will return to it. Suffice for now to note that a college professor may be incumbent in many roles, e.g., teacher, researcher, counselor, consultant, father, husband, etc.. For each of these roles he has a set of performance responsibilities much as does the administrator of a University Affiliated Facility; these roles may overlap, exclude one another or be non-interfering. The application of a personal Managing by Objectives program may serve to communicate and clarify these conditions.

4. Management by Objectives provides for the control of performance in terms of both individual and overall organizational goals. With the "plans" or goals firmly established and action programs developed to achieve them, control is facilitated through the ability to specify where you have been, where you want to be, and where you are.

Again, the message comes through ever more clearly that Management by Objectives is a device to assist the manager and the organization in the traditional processes of planning and controlling. When implemented as a specific organizational level action plan, Management by Objectives does offer potential for improving management effectiveness. The program, however, has not been well validated through concrete experience, nor is it without its critics. For someone interested in pursuing further the "organizational" aspects of the program, I would recommend further reading of both the "mechanics" literature (how to do it) and the critical literature (what Management by Objectives may not do for you and what dysfunctional effects it may generate). For present purposes, I would refer the interested participant to the literature. Read, reflect and do not accept uncritically the proposals of the literature.[4]

ROLES, ROLE CONFLICT AND
MANAGEMENT BY OBJECTIVES

To press ahead on more specific ground, I would now like to refer discussion to the point made in statement number 3 above - i.e., the discussion of your roles as administrators and what Management by Objectives may mean as a potential device for managing conflict among individual roles. I feel this is where the immediate payoff from the general concept of Management by Objectives lies to you. Although this may be a somewhat different application than ones you expected or have been exposed to, let us consider the point in more detail.

Earlier, I said that individual implementation of Management by Objectives would force clarification and statement of goals for the various roles an administrator of a University Affiliated Facility might play. Then, with considerable alacrity, I side-stepped confronting the concept of role itself. Now I will return to the concept of role, and ask you to think about it precisely in terms of your own jobs and your own organizations.

ROLES

The obvious first question is, "What is a role?" Briefly stated, a role is all of the following:

1. A role is a job.
2. A role is a status (i.e., a position in a hierarchy of positions).
3. A role is a set of expectations held by other individuals about the behavior of another.

A role is not a person; roles stand above the individual. Roles may survive in perpetuity, people cannot. The simplest example is the role of the Presidency of the United States -- with or without President Nixon, the office of the Presidency of the United States will go on. A role is a set of expected patterns of behavior accruing to the incumbent of given status or position. A person has many different roles; roles transcend time and institutional barriers and, indeed, one job might be identified as involving many different roles.

Let me take myself as an example again. As a member of the faculty of the Tulane Graduate School of Business Administration, i.e., as the incumbent to this particular status in the University hierarchy, I am participating in several roles. I am, concurrent with the "faculty" status a ....

- teacher

- researcher
- consultant to the community
- student counselor
- ad hoc administrator as member of faculty committees

I suspect that you, as administrators, can define for yourselves many different roles associated with the "administrator" status.

Now, I would like to take a position which, problematical though it may be, may prove fruitful to you as you consider ways to manage your many conflicts. The position is the following: I suspect that many of your conflicts may trace in part to what we call "role conflicts." To the extent that this observation is valid, I further take the position that self-implementation of a Managing by Objectives approach to your various roles may assist in the management of these role conflicts.

ROLE CONFLICT

Roles may demand different things of the individual. As roles overlap, become active simultaneously or increase in complexity of expectations, role conflict may develop. Such conflict is a source of uncertainty, anxiety, frustration and concern for the individual manager. Very frankly, role conflict in my own faculty position at times makes me question the wisdom of my career choice. If we fail to recognize the nature of the conflict, it can get us down; if we are able to recognize the nature of the conflict, we can manage it through the guiding principle of Management by Objectives.

Briefly, we may identify four major categories of role conflict.

1. Inter-Role Conflict:
   Conflict experienced as the expectations of two or more roles overlap and attempt to exclude one another. For example, my roles as both researcher and teacher. Both are time consuming and each demands a different mental set - very often it takes a lot of time just to "retool" from teaching basic principles of organizational behavior to "advancing the frontiers of knowledge" through research. At times, I am upset when my teaching and research roles demand different things of me.

2. Inter-Sender Conflict:
The expectations surrounding a given role may derive from several sources. For example, my role as a teacher is subject to expectations of my students, my colleagues, my deans and myself. When my students demand practicality of material, my colleagues demand "graduate-level" course content, and my deans demand "happy" students. I may again experience role conflict.

Don't get lost in the jargon now; think about it -- do these things happen to you, and are they pertinent to some of the points regarding conflict raised in the previous discussion?

3. Intra-Sender Conflict:
Often, the expectations emanating from one source tend to exclude one another and thus generate role conflict in the receiver. For example, what happens when my deans say to me, "John we expect high research output," then turn around and say, "but don't take any time away from teaching." Well, to the extent that time is finite, these seem to be mutually exclusive messages saying in effect you are expected to research, but where you get the time is anybody's guess. A parallel case is that of the man ordered to obtain secret information from inaccessible files, and then told not to break the law in getting it.

4. Person-Role Conflict:
Conflict may arise when your personal expectations of role performance vary with those of others. For example, when my students demand practicality and I personally feel the only thing of practical value in organization theory is an ability to conceptualize and grapple with theory itself, role conflict again arises. Whom do I satisfy -- myself, or the students?

One or more of the above types of role conflict may be pertinent to your own positions as administrators of a University Affiliated Facility. Let us now consider these role conflicts from the perspective of Management by Objectives.

ROLE ANALYSIS AND MANAGING BY OBJECTIVES

We have defined the notion of role in terms of expectations. The underlying topic of discussion this morning is objectives. To me, the two seem equatable: expectations = objectives. If I were able to "map" my various roles, the various expectations associated with each role, and the conflicts implicit to them as well, I feel that I would be well on the way to improving my own capabilities as a manager. I suggest here, that each of you develop a role profile along the lines of the following process:

1. Identify and list your various roles, particularly as associated with your position as the administrator in a University Affiliated Facility.

2. For each role, state

   a) what expectations you have for this role
   b) what expectations are held by others (all possible significant other) regarding this role
   c) what expectations you have of others as they contribute to or assist your performance in this role.

3. List the various actual and potential role conflicts.

4. Set realistic and precise performance objectives for your various roles, taking into account your limited resources, organizational priorities, personal values and the realities of conflict.

Role analysis and the development of role profiles is a technique conducive to the development of

1. Clear personal expectations regarding role expectations and performance objectives; and,

2. Clear understanding of the interdependencies and conflicts associated with each role.

It is generally argued that the best way to manage conflict is to confront it. I see the role analysis technique and the Management by Objectives principle as complementing one another in doing just this, confronting conflict. Role analysis assists in identifying the conflicts, managing by objectives serves to specify performance in light of the actual or potential conflicts. Very simply, the two techniques offer the administrator of the University Affiliated Facility the opportunity to:

-Identify his roles

-Communicate to himself and others the expectations defining these roles

-Confront any conflicts inherent to the various roles

-Resolve the conflicts through "managed" performance objectives.

THANK YOU FOR YOUR PARTICIPATION THIS MORNING

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1. The thoughts developed in this section are derived from Managing by - and with - Objectives (New York: National Industrial Conference Board Studies in Personnel Policy, No. 212), Chapter 1, pp 2.

2. Ibid., p. 3.

3. Ibid., p. 2.

4. References on "mechanics" are readily available in any management library. For "critical" literature begin with Harry Levinson, "Management by Whose Objectives?" (Harvard Business Review. Vol. 48, No. 4, July-August 1970, pp. 125-134), and Bruce D. Jamieson, "Behavioral Problems with Management by Objectives," (Academy of Management Journal. Vol. 16, No. 3, September 1973, pp. 496-506).

THE USE OF UAF DATA BASE INFORMATION AS A MANAGEMENT TOOL

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The Ohio State University

OBJECTIVE:

To hear Bill Loadman's ideas on how to use statistical information collected by UAFs as a management tool, and to provide the opportunity to question Dr. Loadman on the validity and the realistic potential of his data collection system.

This presentation is going to be somewhat informal, so if you have questions you would like to address to me I would be happy to try to respond. There are a couple purposes for which I would like to use this time: one is to give you an overview of where I am coming from and a second is to look from an abstract level at some of the concepts I'll be talking about as the Chairman of the AUAF Evaluation Committee.

I would like to begin with an observation. In the last meeting and throughout the day I have been listening to what has been transpiring and one of the things that was going through my mind was how great it would be if we could come out of here with a job description for a UAF Administrator. I have identified three things:

1. Faster than a speeding bullet
2. Able to leap tall buildings in a single bound, and
3. More powerful than a speeding locomotive!

One of the things I will be doing as of Wednesday this week is going to Washington to represent the AUAF organization to the National Developmental Disabilities Advisory Council. And for those of you who have your ear to the ground, they are advocating evaluation, external evaluation, of the UAF organization. There are several issues which obviously come to the fore very quickly. Those issues are things like what will be evaluated, who will do the evaluation, on what level will the data be collected, on what criteria, who will have access to the information, and what will this do to facilitate each individual UAF.

One of the important things from my perspective is that we develop a relationship between what the funding agency requests and the data we can provide to them that will facilitate what each individual UAF is doing. To that end, I have identified a series of people I would like to work with me on the evaluation committee. These include Ann Garner of Oregon, Betty Mocklin of UCLA, Jim Buddy from Kansas and Jack Rubenstein from Cincinnati.

We are being requested to supply the DD Advisory Council with the criteria by which we are to be evaluated. That entails a very large responsibility because in setting criteria, we will, in fact, be putting ourselves on the line and identifying our bell weathers or goal markers. To that end, I would like to solicit input from you as to what those criteria should be.

When I talk about evaluation, I have something in mind; not everyone has the same conceptualization of evaluation. What it means to me is judging the value or the quality or the worth of some entity for the purpose of planning or decision making. One of the things that has transpired in the past was the collection of a set of data -- some of you may be familiar with this; it's Ted Mayeda's report on the national UAF organization. I do not consider that in itself an evaluation. It is only descriptive of what exist in the various UAFs. However, I do believe this is a critical first step in generating evaluation data. It describes the context in which things occur and if you are going to do an "evaluation" you must have some description of context. There are a series of steps that one can go through, but typically the first step is determining the status at Time 1.

The Evaluation Committee will take this information and update or upgrade that system and move to the next step of evaluation. One issue that I will discuss this afternoon is costs. Most people assume evaluation is very, very inexpensive to do and the Federal agencies assume that it's part of everyone's budget. And the individual UAFs assume that the Federal Government is going to pick up that tab. And as a result it falls into a no man's land and is seldom done or done well.

One thing I would like to talk about is a distinction in evaluation between something called, in my jargon, formative evaluation and summative evaluation. Formative evaluation is an integral part of a process in some developmental activity. For example, if you are building a course you'd like to gather information about the course as you are building it and as you try it out for the first time before you put it on the market as the course you are offering. This differs from a summative sense where you look at a product of some process. When you look at the data the funding agencies are typically requesting, it's of summative nature. They want to know what happens after you spend the money, what the outcome is. Someone who is working within a system is typically more interested in how can I make this process function better and improve what I am doing. What am I doing and how well am I doing it?

Those two things are not always compatible. There is usually overlap but there are questions at the formative level that are not always appropriate at the summative level. Some questions you would ask in both situations and that overlap of information, I think, is where the national UAF organization has to concentrate its efforts. If it doesn't, it's going to collect a whole series of disparate information from each individual UAF that are not agreeable at a higher level or from the funding perspective, data that can't be interpreted. If you take either extreme, you cannot serve the individual UAFs and the national funding agencies. There can be a compromise position, and that is to look at the overlap information. That is a difficult thing to do; it's time consuming and it's expensive. But without it, I don't see where the funding agencies and the individual UAFs are ever going to arrive at gathering compatible information.

There is also a second issue here and that is internal versus external evaluation. Here you start looking at role conflicts, as discussed this morning. It is very near and dear to my heart because I am in somewhat of a role conflict. I am Director of Evaluation at Nisonger Center and Chairman of the National UAF Evaluation Committee. As such, the biases that I bring from Nisonger Center are going to enter that group and the biases of that group are going to enter into the kind of things that I do at Nisonger Center.

At a second level you begin to look at the issue of the National or Federal funding agencies hiring an independent group of evaluators to come in and tell us about the UAF organization. There's probably not a great deal that they would find out that we don't already know. Their assistance in each of the individual UAFs would be extremely minimal. On the other side of the coin, if we do internal evaluation, UCLA will have one type of evaluation and Nisonger will have another type of evaluation. Even if the UAFs get together with one type of evaluation, we would be somewhat suspect for saying we have looked at our own process. How can we reasonably be expected to say anything that is not "good."

I think there is a compromise position. It is essentially to have the individual UAFs collect the information, using some common definitions and common criteria, and to supply that information to some central location. Let that central location take the information and generate the report and/or have some external auditors come in and check on the reliability and validity of the data supplied from within the individual UAFs.

One of the things I need from you in order to do that is your cooperation or the cooperation of your UAF in supplying that information. There has to be some agreement on what the criteria are going to be, what the definitions are going to be and how often this data will be provided, i.e. every month, every six weeks, every year, etc..

There are issues that arise in that, issues like who controls the data, who has access to it, who reports the data and how is it reported, do we report formative data or summative data or both, at what level is our input, is it very superficial or very much in depth, and what is the relative cost involved in doing an evaluation. I don't have any hard, fast answers to conducting evaluation except that the evaluation efforts I have seen to date have not been particularly good in terms of having immediate turn-around or feedback which is critical to evaluation, nor has administration utilized the information that is gathered from evaluation but I have seen a great deal of progress in that area within the last few years.

It is my personal bias that unless the UAF organizations get together and systematically collect information and supply that to the funding agencies, the UAFs will destroy themselves. Unless they band together and form a strong "lobby" with some hard data supporting them, one or two may survive but UAFs as a whole will be destroyed.

When I look at data, I see several things. From the national perspective the things I see as critical are a description of the context that exists and a determination of what kind of input has gone into a given UAF, in terms of money, in terms of people, etc. Is the UAF functioning at full capacity; that is, did they ask for a million dollars but get $200,000. Then a look at three things: first of all, student trainees; secondly, the service delivery system, and, thirdly, individual UAF programs. Let me elaborate on those.

With students I am perceiving some type of in-take record, i.e. what are the characteristics of the student when he arrives at the UAF, what skills and knowledge does he have, what can he do. Secondly, what is the process that the student goes through. Does he observe one activity, or does he get involved in a series of activities and what do these activities entail, does he have clinical experiences with children or adults, what is the process. Thirdly, what is the outcome of that process. In one sense it could be what did he learn in the course or the practicum experience. Taking a given point in time, whatdoes the student come out with. And finally, some follow-up of that student, probably the most critical thing. It's also probably the most expensive. What happens to the student when he gets out in the community, what sort of position does he take, what kind of responsibilities are in that position, is it mental retardation or not. There are some student issues involved in things like the level of the student, under-graduate, graduate, post-graduate. Are students coming in for some observation or are students coming in for some extended period of time. There are all sorts of arbitrary breaks that you can set up. You may have one set and I may have another. I think it is absolutely critical that we set down and decide upon whatever arbitrary definitions we use and that we use the same definitions so that data can be aggregated at some higher level.

The second thing that I mentioned was the service delivery system. By that I'm talking about client information and I see several things there. I see an in-take process on the client, his presenting behavior. Secondly, I see some diagnoses activity. And next is some projection of what is going to transpire with that client over time. For instance, if you are working with a child with a language problem, or a motor behavior, can you project how long it is going to take for that client to get out of or remediate his problem? What are you trying to do? Then monitor that process. Did you, in fact, do what you said you were going to do? Can the child now talk, can he now walk? Obviously some follow-up is necessary; what happens after the child gets back in society -- looking at both behavioral manifestations and attitudinal manifestations on the part of the family, on the part of other agencies in the community.

One way to arrive at common definitions is to set up a committee to work on this task. One of the first tasks I have as Chairman of the Evaluation Committee is to come up with those definitions. The Evaluation Committee will forward these to the executive group of the UAF committee. Given the definitions, then you can go about the process of evaluation.

There's a third aspect that scares me and that is individual programs. From my own perspective, I cannot see a way to get commonality across all UAFs. It makes sense to have each individual UAF develop its own program thrust and to evaluate each UAF, independently.

I realize that it is not possible to filter out student training and service systems in as much as they represent individual programs. However, that is one of the things I will be going after, some relationship between students processed and the services delivered. The two are obviously intermingled.

The first Evaluation Committee meeting is set up after the first of the year. The first Developmental Disabilities meeting will be this week so the process is already under way.

The question is do you want to work with me or do you want to work with some independent agency. It is probable that you will do both, i.e., I will likely serve as your representative of the collective UAF agencies.

There is another issue which I am not sure I can give justice to in a very brief period of time but I will try to address it -- that is the area of accountability. Accountability is a catchword in the University and Federal System right now and everyone has a different definition. In one sense I am accountable to the Director of the center I work for for doing program evaluation and in another sense I am accountable to John Meyer who is President of the UAF organization. And in another sense I am accountable to the university because that is where my academic appointment is. And while I am not on soft money, most of the people are and they are accountable to the Federal agencies. Within Nisonger Center I can collect information about the functioning of individuals. I can collect levels of information, like name, rank and serial number, or I can get into such touchy areas as to how they are spending their time, how well they are doing what they say they are doing. I can take that same information and provide it to the Director of the center and say, "OK, Bill Gibson, here's how so and so is spending her time, this is how well I perceive her to be doing it by some criteria. This is what they think about it; this is what other people think about it". I can get into real problems by using information that I may be collecting on the individual on a formative basis and then using it with Bill Gibson on an accountability or summative basis. That is essentially the issue you get into with the funding agencies. You collect information for one purpose and then suddenly someone takes that information and uses it for another purpose. I think it absolutely critical that before any information is collected there be very clear guidelines about how that information will be used and who will have access to it and how the reporting will be done. I think this has to be done in conjunction with the UAF group and the funding agencies. It can't be done unilaterally from the funding agency's perspective nor can it be done unilaterally from the UAF agencies. Nor do I think it can be done by a single funding agency but by some cooperative effort of the funding agencies because the funding agencies all have different objectives. And you can't serve all those objectives by gathering one kind of information.

I promised I would talk about the cost of evaluation. Evaluation should cost 10% of the budget but what if the Director won't give you 10% of the budget? If you want an evaluation, how can you reasonably accomplish that task and still keep the budget to an acceptable minimum? I would submit you will not do a creditable evaluation for less than 5% of the budget. There are some things which, in my jargon, you can do quick and dirty -- count frequencies, get numbers, some descriptive activity. But that usually doesn't tell you very much. As a matter of fact, counting numbers and frequencies is a very dangerous thing for the UAF organization. We are in a select field where we are attempting to educate people to be leaders in the field of mental retardation-developmental disabilities. If we assess the number of "leaders" that we train, we are going to come up on the short end of the stick consistently. And it's easy to determine the dollar cost per individual. It's more important to look at the impact of what those professionals do as opposed to how many there are.

I don't see "efficiency" as the name of the game. When I talk about an efficient service delivery system, I can see a lot more than the systems in the UAFs, outside of the interdisciplinary activities. The question is, do I look at impact or do I want to count numbers. It's cheap to count numbers. It's expensive to look at impact. That's the name of the game.

Given a lower level of funding for evaluation, you can say the hell with it or you can do as much as you can with what you have. Where do you cut corners? Do you look at a piece of the action in depth or do you try to do an overview of all things that are transpiring? Or do you try to sample?

There's a methodological procedure called item-person sampling in which you go to Nisonger Center for clients, to Cincinnati for students, somewhere else to sample programs. One of the problems we quickly run into there, however, is that our sampling frame would be relatively small. You wouldn't have many units to sample so the stability of our estimates would be rather slight. You would have a lot of fluctuations. What I would prefer is a system that would look at a minimum number of things across each UAF in depth and hopefully build upon that system over time.

The second alternative I would opt for would be to look for a very specific thing. If we are really interdisciplinary, we should be evaluating on an interdisciplinary base.

I think it is absolutely necessary that the UAF organization begin planning and operationalizing some system for data collection -- some consistent system. I would like to give you sometime now to give me your written suggestions for appropriate criteria. While you are writing, I leave you with two thoughts:

> The last act of a dying organization is to issue a new rule book.
>
> The second thing is that any good evaluation will not go unpunished.

THE FUTURE OF UAFs AS A UNIQUE HEALTH SERVICE VERSUS TRAINING INSTITUTION

OBJECTIVE:

To provide food for thought to administrators as to the future of UAFs which they can take back to their respective UAF for discussion amongst their staff and with their directors.

THE UAF AS A UNIQUE SERVICE SYSTEM

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My role on this panel this morning is to present the position that service occupies in a UAF, its relative importance and its relationship to training and funding. I will also examine the effect that future legislation might have on the service component of UAFs. Finally I will attempt to see into the future and relate to you how I feel the service component must be shaped in the future.

Let's look briefly at the historical development of the service component and the role it plays in various UAFs. As you are all probably well aware, the UAF concept grew out of recommendations that were made by the President's Panel on Mental Retardation in October, 1962. The following year two pieces of Federal Legislation had a direct effect on the UAFs. Title V of the Social Security Act was amended which enabled the Maternal and Child Health Service to carry out a number of the recommendations made 12 months earlier by the President's Panel. Provisions were made for planning grants to states, project grants for maternal and infant care, increases in maternal and child health and crippled children services and other child related services and research. These changes were known as the Maternal and Child Health and Mental Retardation Planning amendments of 1963, Public Law 88-156. The second piece of legislation which more directly effected the UAFs was the Mental Retardation Facilities and Community Health Centers Construction Act of 1963, Public Law 88-164. Part B of Title I of this act authorized grants to "assist in the construction of *clinical* facilities providing as nearly as practicable a *full range* of inpatient and outpatient *services* for the mentally retarded and facilities which will *aid in* demonstrating provision of specialized *services* for the *diagnosis* and *treatment*, education, training or care of the *mentally retarded or in* the clinical training of physicians and other specialized personnel needed for research, *diagnosis and treatment*, education, training or care of the *mentally retarded*." (The emphasis on the service aspects are of course my own.)

There were numerous other pieces of legislation in 1965, 1967, 1968, and most recently in 1970 which amended the Social Security Act to allow for support of staffing in UAFs and amended and extended the original P.L. 88-164.

At about the same time of the originating legislation in 1963 the Kennedy Foundation and the Mental Retardation Branch of the Public Health Service began a program of developmental planning grants to assist universities in developing interdisciplinary training programs to be carried out in UAFs. About 30 universities received these grants.

Some of the universities receiving these grants were also recipients of clinical service grants from Maternal and Child Health. Under terms of these grants the universities provided services to children which included diagnosis, evaluation of the child's capacity for growth, the development of a treatment and management plan, the interpretation of findings to parents and follow-up care and supervision. In many cases these programs became the training base of UAF programs.

The 1963 amendments to the Social Security Act provided additional funds through the Crippled Children's Programs for the care of mentally retarded children. Much of this money supported service programs for a number of UAFs. This was especially true in Oregon where the UAF is an integral part of the state wide crippled children's program and is administered as a part of the CC services program.

The source of funding for the operation of the established UAFs appears to be a determining factor in the importance of the service component and of its relationship to training. I will not dwell on the role of funding since Ed Onorati will be covering this area later. The funding sources can be broken down into four broad categories:

1) Federal Project Grant Support
2) State General Fund and Project Support
3) Local Project and Grant Support from Foundations and other Non-Profit Agencies and
4) Income Generated by Services Provided in the UAFs.

The reliance on any one of these sources of support has determined to a great extent the relative importance that service or training has assumed in UAFs. In those UAFs which rely almost solely on Maternal and Child Health 511 training grant funds, the emphasis has been on training with little concern for the role of service other than the support it provides to the training program. 511 funds have and continue to be the major source of federal funding for UAFs. With the enactment of Public Law 91-517 and the appropriation of Title II monies through the Division of Developmental Disabilities of the Social and Rehabilitation Service, operation and administration funds became available for the first time on a federal level. Funding through this source placed more emphasis on the services provided in UAFs. However, the size of these grants in all but a few UAFs has been too small to have any great effect on any change in emphasis from training to service. Those UAFs which receive state support generally receive it through the university for the support of their service programs or for the operation and maintenance of the physical plant. The role that foundations and volunteer health agencies play is minimal. The charging of fees for the services provided in the UAFs has been done on a very limited scale because of restrictions by the granting agencies that any income generated by personnel employed under the grant must revert to the funding source. Therefore there is very little incentive for the UAFs to make any major attempt at generating income through the charging of fees for professional services. There are many problems involved with charging for services within a UAF because third party carriers are reluctant to pay for the types of services provided. The best source of fee income for UAFs has been through the Crippled Children's programs and Title XIX. In those UAFs where charges are made for services the relative importance of the service component is more evident.

Let's look now at the specific role that service plays or should play in a UAF. I would like to pose a question to you which you can answer in your own mind. In your UAF does the service component support training or does the existence of a training program make the service component possible? Which came first, the chicken or the egg? By asking you to describe the objectives of your UAF, I am quite sure I can determine whether your UAF, or at least you, place more importance on the service role or the training role. Most of you would undoubtedly respond with three objectives: service, training and research. However, the key to determining the answer to my question would be to listen to you describe the order in which you name those three elements. I dare say that those few of you who would respond like myself with the service objective first, and followed by training and research are part of those UAFs where the philosophy is that training is made possible because of the exemplary service provided in the institution. Those administrators which would list training as their first objective would feel that the role of service is to support the training program.

I feel that the relative importance that service plays in a UAF depends upon how the UAF is organized and where it lies in the university organizational structure. In those UAFs that are administratively part of a department of pediatrics or some other academic department within a medical school it is safe to assume that training is the primary element and that philosophy of those UAFs is that the training program makes the service possible. On the other hand in those UAFs which are more closely related organizationaly to the clinical units of a university, the service element plays a more dominant role. Another factor that influences the role of the service element is the position and background of the UAF director. Those UAF directors with a strict academic background or those UAF directors who are not M.D.s usually manage UAFs where training takes the forefront over the service component. On the other hand, UAF directors whose experience has been in clinical services, place more importance on the service component.

Regardless of how one feels about the relative importance of service versus training or whether as some feel that training dilutes the importance that service plays in a community, the factor to remember is, as the old song goes, like love and marriage, you can't have one without the other, at least not in an effective working UAF. As administrators we can step back and observe the continuing conflict between professional staff who feel that service is the important objective of UAFs and those staff who feel that training is of primary importance. In order for a UAF to be effective there can no longer be the "them" and "us" syndrome. The two camps must work together and not at odds against each other.

I feel that a key to an excellent service program is an effective interdisciplinary team working together giving equal importance to the service and training elements realizing that both are needed to make the UAF concept work. An effective service program is not found in those UAFs where individual disciplines provide service in the field in which they are trained with little regard for the other disciplines. In order to provide an effective service program all the disciplines must work as a team with one common goal and that is to provide the most effective service which will benefit the patient being seen.

What type of services are provided in UAFs and how does the community view these services? By and large the service component of a UAF is basically a diagnostic and evaluation program. There are some treatment programs carried out in UAFs but the amount of personnel available for such a long term program is a limiting factor. The case load of clients needing diagnostic and evaluation procedures is too large to be able to devote time to comprehensive treatment programs. As I am sure you are aware, this is one of the criticisms that has been leveled at UAFs. I know this is true in our program in Oregon. We bring a severely physically handicapped and mentally retarded child who has been a closet case all his life into our center. We put him into a well staffed inpatient unit and put his parents up in an apartment below the inpatient unit and provide the optimum of services to the child and parents. We do an excellent job of diagnosing and evaluating the child and determine that truly this child could be helped, however, the child resides 300 miles from Portland, lives in a sparsely populated area of eastern Oregon where the only health manpower is a 68 year old G.P. and a public health nurse. Neither of these health professionals are trained in the care of physically handicapped or mentally retarded children. So where do we go from here? We get the hopes of the parents up that this child can be helped and then we inform them that since services are not available except in the Portland area there is nothing we can do for the child short of institutionalization. One partial solution to this problem is the emphasis that some UAFs are placing upon outreach programs. A traveling team is sent out into the local community and to rural areas to make home visits on patients and to train local public health nurses and other health personnel on how to care for the multiply handicapped mentally retarded child. I feel that the UAFs have a definite mandate to provide this type of service.

Future legislation will have a definite effect on the service component in UAFs. Although the amount of emphasis that the administration is placing on health maintenance organizations has diminished within the past year there is still considerable support being given to the development of HMOs. It behoves each of us as administrators to investigate HMOs that are being developed in your community to determine to what extent they will cover the type of services being provided in UAFs. I am sure that you will find out as I have, that they have no provision for payment of this type of service other than the physician component. If HMOs are to play a key role in how the health care is provided in the future it behoves us as administrators to urge coverage of patients under an HMO for the type of service provided in the UAFs.

There has been some talk in the Administration of Revenue sharing for health dollars. At one point about a year ago it looked as if this was a definite possibility. However, for the present it appears that revenue sharing of health dollars will not be a likelihood in the near future. It is something, however, that should be considered and not put out of mind. If health dollars are given to states to distribute it would behove us to let our state legislatures and executive departments know the key role that UAFs play in their state.

Of course the one piece of legislation that will have a more definite effect on the service component of UAFs than any other is the eventual shape and format that national health insurance will take in the United States. Although this is a few years off, health experts predict that within the next two years there will be some form of catastrophic national health insurance which will be a forerunner to a comprehensive national health insurance program. It is important for us as administrators to study the various national health insurance proposals and to investigate how these programs will effect our service components and the funding of them.

Now that I have rattled on for the past 15 minutes it is time to sum up my remarks and to prophesie as the title of this panel suggests. I should just like to emphasize again that service cannot be considered a separate element from training or research in order for it to play an effective role and for the UAFs to fill an important need in the community. Service and training must work hand in hand so that a UAF can meet its objectives. The UAFs are unique in the fact that they do combine the service and training element in such a way that both the client and the trainee benefit to the optimum. It is this uniqueness that is the real strength of the UAFs and the closer the service and training components work together the more successful UAFs will be in the future.

THE FUTURE OF THE UAFs AS A UNIQUE TRAINING SYSTEM

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Let us begin with a basic tenet -- one which should not necessarily have to be stated: training in developmental disabilities is a necessity, not a luxury. In direct response to available funding and to other stimuli, new programs are and will continue to be planned and implemented. It is vital that they be staffed with well trained persons with up-to-date knowledge and the ability to assimilate and apply new knowledge.

An extension of this tenet is that clinical training is necessary. Otherwise, students with a theoretical knowledge must get their experience on the job. While this will usually be under supervision, it will not often be the planned, structured supervision which is possible in a training setting, nor will it usually be with the variety of caseload and exposure to other disciplines possible in a UAF.

Next it should be acknowledged that training does require a commitment of resources which could otherwise be invested in providing service. Special tests, equipment, batteries of resource material more extensive than that which is needed for a strictly service program are often deemed necessary. Faculty of a UAF may spend considerable time in teaching a course or courses in the academic department which, in many cases, could as well be taught by regular faculty of the department. This may be strictly to "earn" the right to a faculty appointment and/or to assure a flow of students. If properly structured, however, this will be a trade-off for the department's investment in the training program in other ways, e.g., a revision of the department's curriculum to include a track oriented to developmental disabilities. Research demands in a sense fall in this same category. It is true that many of our faculty could not be obtained without the opportunity to do research and that good research furthers our overall objective on behalf of the developmentally disabled, but it is also true that the "publish or perish" dictum hangs over the head of many, and constitutes a further drain of resources.

This kind of commitment of resources is often resented by the poorly financed service programs in the community, but at the same time a UAF may have difficulty securing funds for a program which will provide a service. Yet the UAF may be in a unique position to meet many of both the manpower needs and the patient referral needs of these programs. To do so, it needs to be part of a manpower needs-production network and part of a patient information and referral network. In such networks there is a need for varying levels, and the UAF is a highly appropriate part of the system if it is fitted into the appropriate niche. As a matter of fact, I see little justification for a UAF in isolation, but as a part of such networks each program can meet a vital need. I recognize the difficulty of formalizing such relationships but whether formalized or not the UAF is strategically situated to bridge gaps between the university and the community and between various types of community programs.

A specific way we can bridge these gaps is by passing on new knowledge to which we have access to the community program. Severval of the UAFs are in universitties which also have Research Centers, and probably all of us have research activities going on. The efforts of the Publications Committee (of the AUAF) should be taken quite seriously as its recently devised system will provide ready access to the results of these activities across all the UAFs. Being university based, our program also have access to a wide range of journals and other professional literature which is generally unavailable to community programs. We can be a major factor in dissemination of information which often goes no further than the progress report or the professional (and often technical) journal. It should be a part of our mandate to fill this gap.

We can also meet many of the service needs of these programs. For example, they are not staffed or equipped to fully evaluate many of the very complicated cases, and many have no interdisciplinary evaluation available to them at all. But our major contribution is still the training of current and future staff, and it is our responsibility to see that this commitment of resources to training is regarded as a long-term investment in the total field of developmental disabilities.

The multiplier effect of training must also be recognized and cultivated. The student who is well trained today will likely be passing on his knowledge and skills tomorrow, whether he be in an academic or a service setting, and his trainees will in turn contribute to both training and service needs. For this reason, long-term students should be involved in teaching as well as doing, and the multiplier effect should be considered in the long run our major contribution to service.

As for the so-called conflict between training and service, I believe this to be largely an artifact of funding arrangements. It enters the picture when we are forced to play the numbers game or when we are caught in a squeeze play between two funding agencies, one of which emphasizes training and the other of which emphasizes service. It is true that a conflict can arise out of a particular program's philosophy with respect to these two elements, but it is not inherent in the nature of the elements themselves.

If I may be allowed the liberty to comment on our philosophy at the D.D.D.L for illustrative purposes, training needs predominate in the patient selection process, but once a patient has been accepted into the program, the quality of service provided is equal in importance to the training of students. We consider that a contract has then been made with the patient and family. If there is a continuing service need, such as treatment or follow-up with an agency, this is not to be neglected because there does not happen to be a student handy who needs to do this as a part of his training. This does not mean that we are always committed to provide whatever treatment is indicated, but that, if it is not provided, we will make the effort to secure treatment elsewhere. Nor does it mean we never fail in this, but it is our prevailing philosophy. Some of our staff are more sensitive to training areas and others to service/family needs, but this only serves as a check and balance.

Training in a UAF, properly structured, actually enhances service by providing for:

a) Close, direct supervision.
b) Scrutiny by a broad range of overlapping disciplines, which means that a clinical finding is less likely to be overlooked.
c) The bringing to bear of other university resources.

Predicting the future for the UAF program is a more difficult (impossible) task if one's prediction is to be subjected to tests of validity. However, since what is said will not be remembered long enough to be judged in this manner, perhaps it is not so difficult after all.

I would expect, first of all, that UAFs generally will become parts of the kind of networks as previously mentioned. They will no longer be simply programs established by special legislation and fighting for survival for the sake of survival. (This does not necessarily mean that they will not have to fight for survival, but most will survive for years to come.) Now that we have established our survival, what will the programs look like. First of all, I do not expect any great sweeping changes in the foreseeable future, but there will undoubtedly be some shifts.

Most of us, e.g., can probably expect that we will be doing more in-service training, especially for state institutions and schools as the courts litigate the right to treatment and education. The necessary numbers of pre-trained personnel will not be readily available for some time to come and a measure of crash programs will be necessary. The UAF program is a natural for being of solid, practical assistance during these crises.

I would also foresee that we will begin to do more in the way of training generalists, such as child development specialists. There is still plenty of need for new personnel in most of the specialty disciplines, but in some areas there no longer seems to be a bottomless pit. More importantly, many of the community programs will not be able to afford the specialists, or the numbers of specialists needed and will need to rely on generalists who can refer to specialists outside the community.

At the same time, and as the generic funding is reduced, we will begin to do training for rather specific purposes to tie into funds which are made available for these purposes. This does not have reference to specialists as opposed to the generalists referred to above. The personnel may be trained as generalists, but for a specific program or type of program. As a matter of fact, the child development specialist conceivably could again serve as the example.

Administration will begin to assume a role of importance in the training programs. Not only are administrators needed for the variety of new programs, but most of our trainees, regardless of discipline, will have administrative responsibilities after a few years of experience, if not immediately upon graduation or completion of fellowships. We have already begun to move in that direction. My hope as well as prediction, is that we will have a follow-up workshop to this one which will concentrate on curriculum development for generic administration trainees similar to the one developed for trainees in other disciplines.

Finally, and again this may be wishful thinking as much as prediction, we will begin to package a variety of instructional material. If the core of our curriculum were to be divided among the UAFs for development of such packages, the end product would be a concrete bonus to funding sources of lasting value and reaching well beyond our day-to-day training activities. Much instructional time would be freed for working with students in more meaningful ways, and the implications for in-service training, to me at least, are mind-boggling. Again, the first step has been taken, and the Interdisciplinary Council is now in the process of planning a packaging workshop for UAF staffs. Will we take the other necessary steps? I predict we will.

I will now wait patiently for five years for the prophet of the year award.

FUTURE FUNDING OF UNIVERSITY AFFILIATED FACILITIES

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The prediction of future funding for University Affiliated Facilities is the task of a prophet rather than an Administrator. However, the future financial success of any organization, whether it be public or private, depends upon three major factors: first, producing a product that is needed; secondly, producing a good viable product, and finally, providing administrative and fiscal structure that allows for production at a realistic cost. The intent of this paper is to demonstrate that UAF programs began with solid foundations, and to demonstrate that the need for these programs remains. If my hypothesis is correct -- that is - that trained professionals in the field of developmental handicaps are needed, that the trainees are knowledgeable and skilled, and that within the fiscal administrative guide lines we are able to provide an economical product -- then future funding will continue. If my hypothesis is incorrect we are faced with limited hope of future funding.

Let's examine the positive aspects of my hypothesis. I will not necessarily present events in chronological order but will attempt to relate them in a meaningful sequence. The report of the President's Panel on Mental Retardation in 1962 was a significant breakthrough. The report identified the primary need and provided a blueprint for planning and implementing programs for comprehensive services to the retarded. As a result, Federal Laws were enacted including new construction programs under P.L.88-164. This legislation specifically allocated funds for the construction of centers to train professionals and technical personnel needed to provide a broad range of clinical services, including diagnostic, treatment, education, and rehabilitation services for mentally retarded individuals and their families.

Subsequent legislation and funding afforded another positive step in bulding the foundation of University Affiliated Training Programs. As all of you know there were existing demonstration programs for the evaluation of the young child suspected of having delayed growth and development funded by Maternal and Child Health as early as 1956. Many of these programs were expanded to offer multidisciplinary professional training before 1965. Thus Maternal and Child Health support of professional training programs within UAFs was an obvious and a natural progression.

The Office of Education (Bureau of Education for the Handicapped) Rehabilitation Services Administration, Department of Labor, as well as a variety of state, local and university funds, supported various activities in some of the centers. The Developmental Disabilities Services and Facilities Construction Act (P.L. 91-517) in 1970 offered an important potential in providing administrative support services for UAFs. Furthermore, it officially recognized the broad concept of mental retardation and focused attention on other developmental disabilities.

However, the primary responsible agency for program support of UAFs -- by virtue of the availability of funds through sound legislation and, I am specifically referring to Section 511 of the Social Security Act was the MATERNAL AND CHILD HEALTH DIVISION.

The foregoing is an indication that UAF programs were not the figment of someone's imagination, nor were they established haphazardly. They began with solid legislative footings, were well planned, and had a defined purpose!

The footing is slipping. It is now becoming weaker! Why? Let me conjecture:

1) Funding sources are no longer keeping abreast proportionately with the growth and development of our programs. The funds are being diverted and the anticipated annual appropriations for support of our programs have never materialized as expected from the early legislation. For example, there was to be an annual expenditure of twenty million dollars for UAF programs by 1975. In reality, only half that amount is available each year as we approach the target date. As a result some UAF programs never achieved full maturity, and other programs had to amplify their funding using "service dollars" rather than "training ones".

2) There is no visable legislation in existence which singularly provide the needed increased support for ongoing programs.

3) Finally, attempts to evaluate the effectiveness of UAF Training Programs have led to premature conclusions that these programs are not economically sound. These documentations could not be considered valid since they were measuring programs by adult standards. Our programs are less than 10 years old.

It is our responsibility as administrators to stop that footing from slipping further or our once solid foundation will come tumbling down.

The funding picture looks like this:

The Division of Maternal and Child Health, which has borne the burden of financial support for the UAFs training programs from their inception, has had no sizeable increase in the appropriations for these programs during the past few years. Recently, the Senate Appropriations Committee failed to act favorably on the request for an increase in the D.D.S.A. Title II funds over the President's budget request of 4.25 million for the F.Y. 1974. The

Bureau of Education for the Handicapped, and other agencies are plagued by limited appropriations.

It is not only logical, but mandatory that we intensely explore multiple funding to ease the burden of our present resources and continue to demonstrate that our programs are needed, and, in fact, rate a high priority. It must remain clear, however, to all funding agencies that we are seeking funds to carry out the goals of our centers and the agencies involved should be in agreement with these goals. Therefore we must not panic and accept funding that imposes drastic change or alters our primary goals, or indeed the foundation will be weakened; we will not have viable programs; and we will not have a saleable product.

Let's speculate on funding sources that could be available to help us through this crucial period. At the present time the utilization of third party payments presents Recognized problems inherent in the regulations of our supporting agencies. However, this possibility of obtaining payment for services rendered should not automatically be dismissed. Furthermore, if the Federal Administration does not continue to support specialized patient services through grants or contracts and diverts its major health funding toward individual health insurance policies then we have no choice but to investigate this avenue of support.

In a recent seminar for scientific and medical writers at the White House, Secretary Weinberger said that, "We will assure that all Americans have access to basic comprehensive health insurance and that lack of sufficient income will not be a barrier to obtaining such coverage". This appears to strengthen the Federal Government's position for a National Health Policy. We must seriously consider what a National Health Insurance Plan could mean for UAF programs and we should determine whether or not such a plan would be applicable for our programs.

Other important potential funding sources should also be considered; but, similarly need to be examined to determine whether they will compliment and not impede our training goals. For example, in our own program, as was true for many others, the Kennedy Foundation provided seed money for the planning of the UAF facility application. Their ongoing support has been for Kennedy Scholars in the fields of law, audiological physiology and biochemical genetics. It is apparent that the funds are supplementary and, indeed, compliment the scholarly aspects of the training program and enhancing the potential for research. But, in no way should this private foundation carry the major thrust of the multidiscipline program.

Thus, I will not go into detail concerning the intricacies of obtaining funds from other potential sources such as Health

Maintenance Organizations, private foundations, consumers, or other state, local and federal agencies. It is my opinion that the most significant ongoing funding will not result directly from multiple sources, but instead from the continuous efforts on the part of our Association of University Affiliated Facilities to promote legislation for funding of the"CORE TRAINING PACKAGE".

I will now discuss the issues which demonstrate that our programs are needed and are economically sound. A wide range of agencies involved in the delivery of health care for handicapped are under-staffed and their personnel are not adequately trained. These deficits are still reflected in the appearance of many residential institutions caring for the retarded child, and in the sub-standard "educational efforts" provided therein. Gaps in available medical and comprehensive community services are also well recognized. Even though inroads have been made in increasing the number of trained professionals to work with the mentally retarded and developmentally handicapped, there is continuing critical need.

Logistically, it would be unrealistic to expect that UAFs could have provided all of the trained manpower needed to date. Many were themselves "tooling up" and did not always have sufficient funds to support the broadly representative multidiscipline faculty. As we said earlier, they are still in their infancy! The impact of a UAF will undoubtedly differ in each area of the country. Nonetheless, just the presence of a faculty of trained and concerned multi-discipline professionals living within the university community and the community at large will create a meaningful and lasting impression. Faculty members not only serve in advisory capacities to their parent department of the affiliated university, but have a significant, planned role in the development of curriculum on both campuses -- that of the UAF itself and the university campus. Further, the impact of the UAF programs are evidenced by the many faculty members who appear as community "planners" and "leaders" in the field of mental retardation and handicapping conditions. There is substantial evidence that UAFs have produced knowledgeable and skilled professionals, have developed excellent models of service, have evolved an increasing body of clinical knowledge, have initiated significant contributions for clinical research, and have been active participants in local, state and federal planning to establish programs for improving the delivery of health care to the handicapped.

The UAFs must not fail in their attempts to measure this effectiveness. But if accountability is measured solely on numbers trained and served, in lieu of funding dollars, we may never be able to justify our programs. If accountability is judged on a qualitative and long-term scale, our programs definitely are economically sound. How do you arrive at a cost analysis which includes these multiple extensions of our programs, and which have measurably improved the plight of the handicapped in each of their existing locals. Some of these extensions are very specific, and center closely within, or at the periphery of the projects, while others extend out in different directions at varying distances from the "core program". Perhaps the ripple effect that have been described to occur when a small pebble is thrown into a large body of water illustrates a phenomenon which is applicable to UAFs. This dispersion effect should be recognized and considered in our attempts to evaluate fiscal accountability.

For example, within our own UAF program in Miami during the past five to ten years, the following illustrate some of the "ripple effects" that have been generated as direct or indirect results of the existence of our comprehensive training programs:

1) We were instrumental in establishing foster care placement for the retarded child.

2) We assisted in making available specialized pre-school programs and promoted programs for moderately and mildly handicapped youngsters to participate in formal pre-schools.

3) Also as a result of our comprehensive training program and faculty involvement in the community, the first pre-school program for children with minimal cerebral dysfunction or learing disabilities was started. This was truly a collaborative community project, and demonstrated a community need which led to the establishment of a network of special learing disability programs in the public schools.

4) Another extension of our comprehensive training program has been the development of highly technical and specialized laboratory programs. We were in a geographic area where there were no genetic laboratory services, and in order to provide appropriate medical training, it was necessary to develop our own laboratory resources. These laboratories, although basically service oriented, have become an essential part of our training program for all professionals.

I could cite endless examples specific to our program, many of which would undoubtedly be familiar and consistent with "ripple effects" of your own programs. Rather than enumerating more examples let's turn to the final, most important question!

How do we measure the fiscal accountability of this "ripple effect"? The problem is complex and compounds any fiscal analysis. It is our obligation as administrators to begin to place a price tag on the multiple components and extensions of our UAF programs. I do not have the methodology worked out but I do believe it is possible to complete this task. We must find a way to measure fully the "ripple effect" lest we are forced to accept someone else's appraisal of fiscal accountability. This is a job we can do. We are administrators knowledgeable in accounting systems and knowledgeable about our programs. It is necessary for us to join forces as a first step toward assisting the Association in establishing that our programs are economically sound and should be funded as a "CORE TRAINING PACKAGE".

As a final note of personal conviction I believe that future funding will continue because we have a needed product, a viable product of quality, and an economically feasable one. But we (UAFs) are different than most businesses. Our ultimate aim is not to gain monetary profits for ourselves or the company. It is, instead, to place rightful importance on the acquisition of knowledge, scholarly investigation and the value of human life!

UTILIZATION OF COMPUTER APPLICATIONS IN UAF MANAGEMENT

Donald Guthrie, Ph.D., Coordinator
Computer Resources Group
Mental Retardation Program
University of California, Los Angeles

OBJECTIVE:

To learn from Donald Guthrie some of the applications he has used that might be applicable to other UAF Administrators.

Administrators have long recognized the value of timely statistical data summarizing the operations of their institutions. In recent years, many organizations have developed complex Management Information Systems to prepare this data. UAF Administrators have many requirements in common with their counterparts in other fields, but also have their own unique situations which require development of special purpose systems. For example, with federal requirements for program evaluation becoming more and more stringent, it is imperative that those responsible for evaluations have easy access to whatever data may be required.

The purpose of this paper is to discuss the use of computers in the Mental Retardation Program at UCLA, pointing out the more successful parts and suggesting remedies to some weaknesses.

The Computing Resources Group (CRG) is a service and collaborative research unit of the Mental Retardation Research Center. It provides data processing and scientific computing for all aspects of the MR Program. Most of the computing is done, through remote terminals, on the IBM 360/91 at the Health Sciences Computing Facility. The CRG itself has two PDP-11's, one PDP-12, an IMLAC PDS-1 graphics display and several interactive terminals. About half of the computing services supplied by the CRG support administrative, clinical services, and training; the remainder support the research program of the MRRC. This paper will discuss only the former.

There are three principal ways in which the CRG supports administrative efforts -- Accounting, Trainee Registration, and Patient Information.

Accounting programs provide cost accounting for the Neuropsychiatric Institute itemized according to grant, cost center, and personnel center. Detailed records are kept on all NPI personnel and on all transactions. Accounting summaries are produced monthly.

When any trainee begins his training at NPI, he is asked to register with the computer terminal assigned to the Trainee Registration Interactive Program (TRIP). He supplies basic information about his previous training and professional discipline, and identifies the supervision of his studies. When the trainee leaves, he visits with TRIP again, this time supplying his new position and address. Summaries are printed each month of the numbers of trainees entering and leaving the program in each of 36 disciplines. The permanent record obtained when the trainee leaves may be updated whenever he takes a new position or changes his address.

Medical and Demographic Information is obtained on each patient in the program in three ways -- screening, evaluation (at admission), and treatment (at discharge). These data are stored in the computer system for further use in administrative or research applications. Examples of the reports generated from this data base are found at the end of this paper. For outpatients only, a record is kept of trainee-patient contacts. This data is used to examine the variety of cases seen by each trainee.

Of the difficulties encountered in application of the current system, the poor quality of the data is by far the greatest. Reports on patient evaluation and treatment are often slow to appear, inaccurate, and/or incomplete. Many therapists clearly do not realize the value of the data to the administrative aspects of the center.

A problem at the opposite end of the spectrum is that the users of the data do not define their potential uses of the data bases. Computer programs can be designed to process data in any way that one can define. We need not be limited to traditional approaches. If new approaches are to be attempted, however, it is the user's responsibility to define them in detail. Computer scientists and programmers participate in the design of applications, but they do not create the design of applications.

This system is our first attempt at recording and receiving such a large amount of data, and it consequently has some shortcomings. We are currently redesigning the system. During the redesign process, I have formulated three managerial intentions which I feel will help improve the application of the system.

First, I intend to initiate a motivation program amoung our data suppliers. They will receive a sample product of our analyses, and will be shown examples of good and bad data. Since most of these individuals are trainees, this will form a valuable part of our training program.

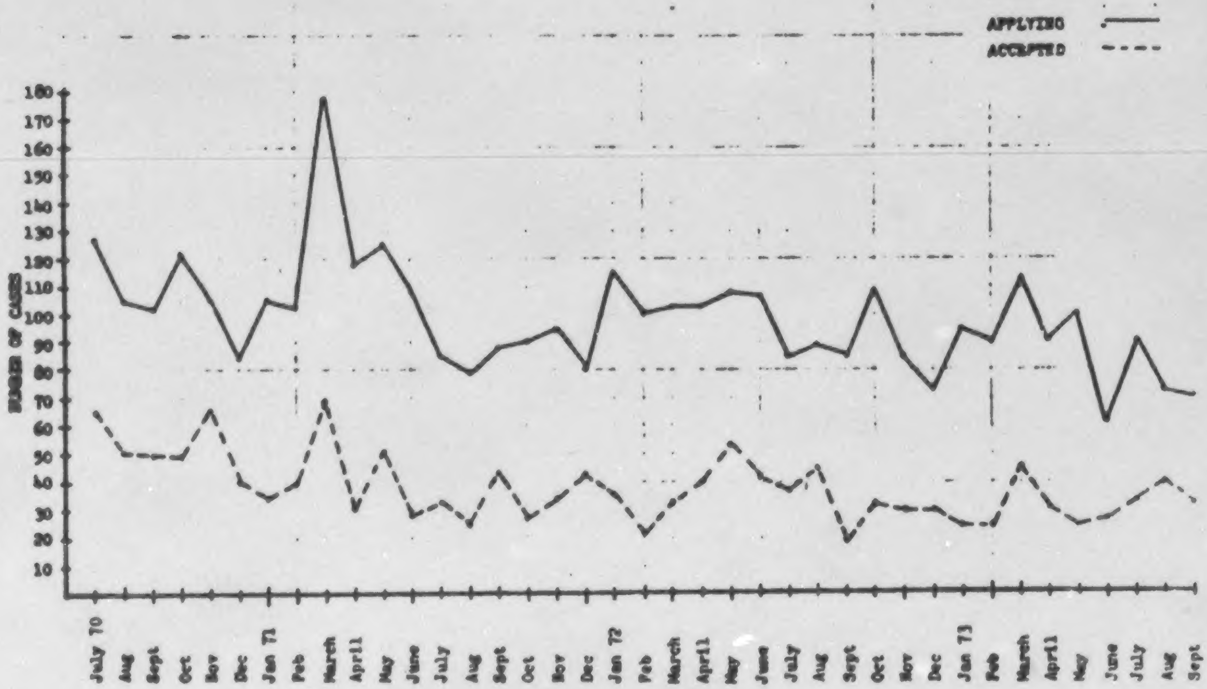
Second, I intend to explore the possibility of generalizing these systems so that they may be used in other UAFs. Dr. Loadman's paper emphasized the requirements for evaluation of the UAFs. If we collect similar data and process it in similar ways, evaluation among the UAFs will be cohesive and will present a more viable product than if each UAF collected and interpreted data in its own individual way.

Third, I intend to involve administrators, principal investigators, and directors much more deeply in the formulation of our programs. They alone can judge what should be done; we computer scientists should not be left to work alone.

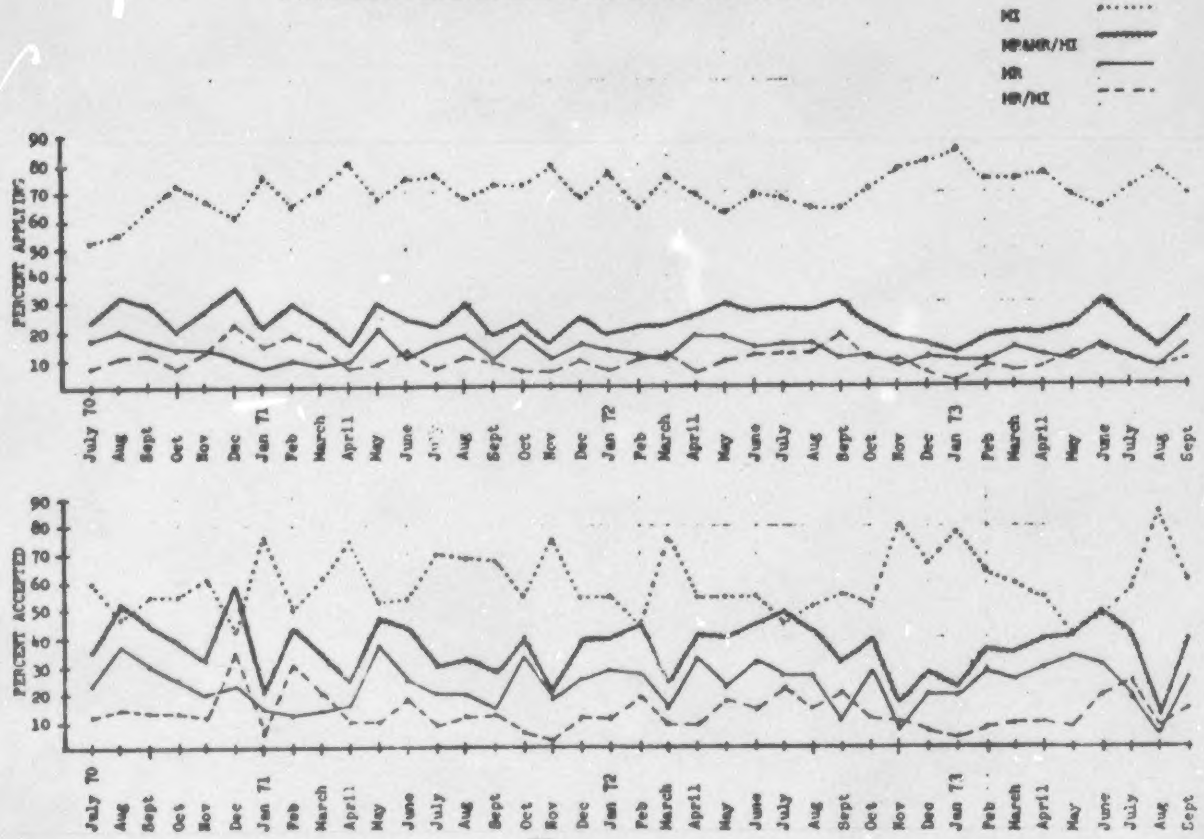
APPLICATIONS AND ACCEPTANCES TO OUTPATIENT SERVICE BY MONTH

JULY 1970–SEPTEMBER 1973

TOTAL APPLICATIONS AND ACCEPTANCES



PERCENTAGE OF CASES APPLYING (ACCEPTED) BY STAFF ASSESSMENT



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                        S U M M A R Y   O F   S C R E E N I N G   D I S P O S I T I O N

                                              NPI CHILD DATA

                                CASES SCREENED BETWEEN JULY 1 1972 AND JUNE 30 1973

                                             MALE   = 1020

                                             FEMALE =  529
                                                       ---
                                             TOTAL  = 1549


              CASES ACCEPTED                                                 CASES REJECTED

                                   MALE FEMALE TOTAL                                                  MALE FEMALE TOTAL
  BY OPD AFTER PHONE INTERVIEW       = 101    73   174        BY OPD AFTER PHONE INTERVIEW          = 473   204   677

  BY OPD AFTER FACE-TO-FACE INTERVIEW = 149   94   243      * BY OPD AFTER FACE-TO-FACE INTERVIEW =  42    27    69

  BY INPATIENT SERVICE               = 132    74   206        BY INPATIENT SERVICE                  = 123    57   180
                                       ---   ---  ----                                                ---   ---   ---
  TOTAL ACCEPTED                     = 382   241   623        TOTAL REJECTED                        = 638   288   926


                                     ASSIGNMENTS FOR ACCEPTED CASES

                 OUTPATIENT SERVICE                                        INPATIENT SERVICE

                                    MALE FEMALE TOTAL                                           MALE FEMALE TOTAL
          GENERAL OPD EVALUATION =   89    58   147         PRE-ADMISSION EVALUATION =   85    47   132

          M210 PROGRAM (CHILD)   =   84    46   130         WAITING LIST             =   10     4    14

          SPECIAL PROJECT        =   37    38    75         ASSIGNED TO WARD

          CRISIS INTERVENTION    =   15    16    31            FOR EVALUATION        =   26    16    42

          OTHER                  =   25     9    34            FOR SPECIAL PROJECT   =    2     0     2
                                    ---   ---  ----
          TOTAL OUTPATIENTS      =  250   167   417            FOR TREATMENT         =    8     7    15
                                                                                        ---   ---  ----
                                                            TOTAL INPATIENTS         =  131    74   205


  * ALSO INCLUDES CASES TERMINATED BY PATIENT                                  MR COMPUTING RESOURCES GROUP
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                         S U M M A R Y   O F   S C R E E N I N G   D I S P O S I T I O N

                                            NPI CHILD DATA

                                 FOR CASES SCREENED BETWEEN JULY 1 1972 AND JUNE 30 1973

                                                   MALE FEMALE  TOTAL
                                 CASES SCREENED = 1020   529    1549

                                                      MALE FEMALE  TOTAL
                             ACCEPTED AT SCREENING = 424   268      692

                           MALE FEMALE                                               MALE FEMALE
     ACCEPTED FOR OUTPATIENT = 292   194                    ACCEPTED FOR INPATIENT = 132    74

                     MALE FEM                            MALE FEM                            MALE FEM
  INTAKE INTERVIEW SCHED = 193  124   PROCESS DIRECT FOR EVAL = 101  73      PRE ADMISSION EVAL   =  83   45

                                                         MALE FEM
                                       GENERAL OPD EVAL  =  17   13           WAITING LIST         =  10    4

                                       M210 PROGRAM      =  14    4           ASSIGNED TO WARD     =  37   22

                                       SPECIAL PROJECT   =  36   32              FOR EVALUATION    =  26   15

                                       CRISIS INTERVENTION=  13   16             FOR SPEC PROJECT  =   2    0

                                       OTHER             =  21    8              FOR TREATMENT     =   8    7

                                                           MALE FEMALE  TOTAL
                                    REJECTED AFTER SCREENING = 596   261    857

                                                        OUTPATIENT INPATIENT
                                                         MALE FEM   MALE FEM
                                         REJECTED FOR    473  204    123   57

                 REASON FOR REJECTION                                            REJECTION DISPOSITION

                                    OUTPATIENT INPATIENT                                                    OUTPATIENT INPATIENT
                                     MALE FEM   MALE FEM                                                     MALE FEM   MALE FEM
  REQ SERV CURRENTLY UNAVAILABLE  = 261  109     21   10       REFERRED TO ORIGINAL REFERRANT =  15    4     27    8

  NATURE OF PROBLEM INAPPROPRIATE =  56   21     60   21       PSYCHIATRIC FACILITY           = 179   84     22   14

  PSY CARE OBTAINED ELSEWHERE     =  39   15      5    7       MENTAL RETARDATION FACILITY    =  10    7      7    3

  CAN AFFORD PRIVATE CARE         =  55   18      1    1       MEDICAL FACILITY               =  60   15      0    3

  REQUEST FOR INFORMATION ONLY    =  27   18      3    1       SPECIAL SCHOOL                 =  15    4      2    1

  OTHER                           =  33   23     32   17       OTHER                          = 142   56     17    8

  BLANK                           =   2    0      1    0       NONE                           =  25   13     19   12

                                                               BLANK                          =  27   21     29    8
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                              S U M M A R Y   O F   I N T A K E   D I S P O S I T I O N

                                                 NPI CHILD DATA

                                    FOR CASES SCREENED BETWEEN JULY 1 1972 AND JUNE 30 1973

                                                       MALE FEMALE
                                        CASES INTERVIEWED = 193   124

                        MALE FEMALE                                          MALE FEM                               MALE FEM
             ACCEPTED AT INTAKE = 149   94                  REJECTED AFTER INTAKE =  30  19  TERMINATED BY PATIENT =  12   8

                      MALE FEM                        MALE FEM
ACCEPTED FOR OUTPATIENT = 149  94  ACCEPTED FOR INPATIENT =   2   3  REASON FOR REJECTION:             REASON:
                                                                               MALE FEM
                 MALE FEM                             MALE FEM   REQ SERV CURRENTLY                                  MALE FEM
 GENERAL OPD EVAL  =  72  45     PRE-ADMISSION EVAL   =   2   2    UNAVAILABLE         =  13   7   SOUGHT HELP ELSEWHER=   5   3

 M210 PROGRAM      =  70  42     WAITING LIST         =   0   0   NATURE OF PROBLEM                LACK OF MOTIVATION  =   2   2
                                                                    INAPPROPRIATE      =   9   5
 SPECIAL PROJECT   =   1   6     ASSIGNED TO WARD     =   0   1                                    CHANGE OF RESIDENCE =   0   2
                                                                  OTHER                =   7   6
 CRISIS INTERVENTION=  2   0        FOR EVALUATION    =   0   1                                    TRANS DIFFICULITIES =   0   0
                                                                  BLANK                =   1   1
 OTHER             =   4   1        FOR SPEC PROJECT  =   0   0                                    UNKNOWN             =   0   0

                                    FOR TREATMENT     =   0   0  REJECTION DISPOSITION:             OTHER               =   5   1
                                                                                 MALE FEM
                                                                   REFERRED TO ORIGINAL
                                                                    REFERRANT            =   0   0

                                                                   PSYCHIATRIC FACILITY=    8   3

                                                                   MR FACILITY           =   0   0

                                                                   MEDICAL FACILITY      =   4   0

                                                                   SPECIAL SCHOOL        =   2   1

                                                                   OTHER                 =  10  11

                                                                   NONE                  =   4   1

                                                                   BLANK                 =   2   3
```

CASES ACCEPTED TO OPD JULY 72 THRU JUNE 73

GENERAL OPD EVALUATION

AGE	MALE	FEMALE	TOTAL
0-2	2	2	4
3-5	22	15	37
6-8	21	9	30
9-11	18	9	27
12-14	13	16	29
15-17	13	7	20
18-20	0	0	0
21+	0	0	0
BLANK	0	0	0
TOTAL	89	58	147

M210 PROGRAM (CHILD)

AGE	MALE	FEMALE	TOTAL
0-2	1	1	2
3-5	24	10	34
6-8	17	12	29
9-11	16	8	24
12-14	18	12	30
15-17	8	3	11
18-20	0	0	0
21+	0	0	0
BLANK	0	0	0
TOTAL	84	46	130

SPECIAL PROJECT

AGE	MALE	FEMALE	TOTAL
0-2	16	17	33
3-5	12	9	21
6-8	6	6	12
9-11	2	2	4
12-14	1	3	4
15-17	0	1	1
18-20	0	0	0
21+	0	0	0
BLANK	0	0	0
TOTAL	37	38	75

CRISIS INTERVENTION

AGE	MALE	FEMALE	TOTAL
0-2	0	0	0
3-5	0	0	0
6-8	1	0	1
9-11	4	2	6
12-14	3	2	5
15-17	7	12	19
18-20	0	0	0
21+	0	0	0
BLANK	0	0	0
TOTAL	15	16	31

OTHER

AGE	MALE	FEMALE	TOTAL
0-2	0	1	1
3-5	5	1	6
6-8	4	2	6
9-11	7	3	10
12-14	6	0	6
15-17	3	2	5
18-20	0	0	0
21+	0	0	0
BLANK	0	0	0
TOTAL	25	9	34

CHILDREN ACCEPTED FOR OUTPATIENT SERVICE BETWEEN JULY 72 AND JUNE 73

PRESENTING COMPLAINTS	STAFF ASSESSMENT			
	MR	MR/MI	MI	OTHER
BEHAVIOR/SOCIALIZATION DISORDERS				
PECULIAR MANNERISMS 1	12	6	7	0
BIZARRE BEHAVIOR 2	7	3	17	0
STEREOTYPED BEHAVIOR 3	12	4	2	0
INFANTILE/REGRESSIVE BEHAVIOR 4	11	8	13	0
AUTISTIC 5	19	11	2	0
WITHDRAWN 6	12	5	34	0
SELF-ABUSIVE 7	5	1	11	0
TEMPER TANTRUMS 8	13	5	39	1
HYPERACTIVE 9	19	14	48	1
PHYSICALLY AGGRESSIVE 10	7	9	44	1
VERBALLY AGGRESSIVE 11	1	6	51	1
LYING 12	1	2	30	0
STEALING 13	0	2	24	0
REBELLIOUS 14	5	8	55	0
DESTRUCTIVE 15	8	3	25	1
FIRE SETTING 16	1	0	8	0
TRUANCY/RUNNING AWAY 17	0	1	16	0
SEXUAL PROBLEM 18	0	1	10	0
DRUG ABUSE 19	0	1	7	0
SLEEP PROBLEM 20	1	3	31	0
EATING PROBLEM 21	5	6	15	0
ENURESIS/ENCOPRESIS 22	4	5	23	0
SOMATIC COMPLAINTS 23	1	2	19	0
OTHER 24	13	12	56	0
AFFECT DISTURBANCES				
ANXIOUS 25	6	6	64	1
FEARFUL 26	7	11	28	0
ANGRY 27	4	4	55	1
DEPRESSED 28	8	3	76	0
OTHER 29	0	2	8	0
PHYSICAL HANDICAPS				
SPEECH IMPAIRMENT 30	13	11	7	2
HEARING IMPAIRMENT 31	19	0	3	17
MOTOR DYSFUNCTION 32	1	2	1	0
CONVULSIVE DISORDER 33	3	1	1	1
OTHER 34	6	2	8	0
DELAYED DEVELOPMENT				
SPEECH 35	65	29	5	12
MOTOR COORDINATION 36	25	14	5	1
TOILET TRAINING 37	21	10	4	0
OTHER SELF-HELP SKILLS 38	19	10	3	0
SOCIALIZATION 39	33	19	8	0
OTHER 40	2	0	2	0
SCHOOL PROBLEMS				
SHORT ATTENTION SPAN 41	20	15	46	3
DISRUPTIVE BEHAVIOR 42	9	6	72	1
GENERAL UNDERACHIEVEMENT 43	17	16	88	1
READING DISABILITY 44	4	5	13	0
SCHOOL PHOBIA 45	1	2	12	0
OTHER 46	4	5	19	1
PSYCHOPHYSIOLOGICAL DISORDERS	1	1	10	0
TOTAL CASES	102	52	239	24

PERCENTAGE OF CASES WITHIN EACH STAFF ASSESSMENT CATEGORY THAT SHOWED A PRESENTING COMPLAINT
CHILDREN ACCEPTED FOR OUTPATIENT SERVICE BETWEEN JULY 72 AND JUNE 73

PRESENTING COMPLAINTS	STAFF ASSESSMENT MR	MR/MI	MI	OTHER
BEHAVIOR/SOCIALIZATION DISORDERS				
PECULIAR MANNERISMS 1	11.8	11.5	2.9	0.0
BIZARRE BEHAVIOR 2	6.9	5.8	7.1	0.0
STEREOTYPED BEHAVIOR 3	11.8	7.7	0.8	0.0
INFANTILE/REGRESSIVE BEHAVIOR 4	10.8	15.4	5.4	0.0
AUTISTIC 5	18.6	21.2	0.8	0.0
WITHDRAWN 6	11.8	17.3	14.2	0.0
SELF-ABUSIVE 7	4.9	1.9	4.6	0.0
TEMPER TANTRUMS 8	12.7	17.3	16.3	4.2
HYPERACTIVE 9	18.6	26.9	20.1	4.2
PHYSICALLY AGGRESSIVE 10	6.9	17.3	18.4	4.2
VERBALLY AGGRESSIVE 11	1.0	11.5	21.3	4.2
LYING 12	1.0	3.8	12.6	0.0
STEALING 13	0.0	3.8	10.0	0.0
REBELLIOUS 14	4.9	15.4	23.0	0.0
DESTRUCTIVE 15	7.8	5.8	10.5	4.2
FIRE SETTING 16	1.0	0.0	3.3	0.0
TRUANCY/RUNNING AWAY 17	0.0	1.9	6.7	0.0
SEXUAL PROBLEM 18	0.0	1.9	4.2	0.0
DRUG ABUSE 19	0.0	1.9	2.9	0.0
SLEEP PROBLEM 20	1.0	5.8	13.0	0.0
EATING PROBLEM 21	4.9	11.5	6.3	0.0
ENURESIS/ENCOPRESIS 22	3.9	9.6	9.6	0.0
SOMATIC COMPLAINTS 23	1.0	3.8	7.9	0.0
OTHER 24	12.7	23.1	23.4	0.0
AFFECT DISTURBANCES				
ANXIOUS 25	5.9	11.5	26.8	4.2
FEARFUL 26	6.9	21.2	11.7	0.0
ANGRY 27	3.9	7.7	23.0	4.2
DEPRESSED 28	7.8	5.8	31.8	0.0
OTHER 29	0.0	3.8	3.3	0.0
PHYSICAL HANDICAPS				
SPEECH IMPAIRMENT 30	12.7	21.2	2.9	8.3
HEARING IMPAIRMENT 31	18.6	0.0	1.3	70.8
MOTOR DYSFUNCTION 32	1.0	3.8	0.4	0.0
CONVULSIVE DISORDER 33	2.9	1.9	0.4	4.2
OTHER 34	5.9	3.8	3.3	0.0
DELAYED DEVELOPMENT				
SPEECH 35	63.7	55.8	2.1	50.0
MOTOR COORDINATION 36	24.5	26.9	2.1	4.2
TOILET TRAINING 37	20.6	19.2	1.7	0.0
OTHER SELF-HELP SKILLS 38	18.6	19.2	1.3	0.0
SOCIALIZATION 39	32.4	36.5	3.3	0.0
OTHER 40	2.0	0.0	0.8	0.0
SCHOOL PROBLEMS				
SHORT ATTENTION SPAN 41	19.6	28.8	19.2	12.5
DISRUPTIVE BEHAVIOR 42	8.8	11.5	30.1	4.2
GENERAL UNDERACHIEVEMENT 43	16.7	30.8	36.8	4.2
READING DISABILITY 44	3.9	17.3	5.4	0.0
SCHOOL PHOBIA 45	1.0	3.8	5.0	0.0
OTHER 46	3.9	5.6	7.9	4.2
PSYCHOPHYSIOLOGICAL DISORDERS	1.0	1.9	4.2	0.0

INPATIENT TREATMENT COMPLETED BETWEEN JULY 72 AND JUNE 73

SERVICE PROVIDED	TREATMENT DIAGNOSIS MR	MR/MI	MI	OTHER
PSYCHOTHERAPY	8	5	19	1
INDIVIDUAL THERAPY	8	5	18	0
GROUP THERAPY	4	3	10	0
FAMILY THERAPY	4	2	10	0
PSYCHODRAMA	0	0	1	0
OTHER	1	0	1	0
BEHAVIOR THERAPY	9	5	16	0
INDIVIDUAL BEHAVIOR MODIFICATION	7	4	12	0
GROUP BEHAVIOR MODIFICATION	5	2	8	0
FAMILY BEHAVIOR MODIFICATION	4	2	4	0
PARENT COUNSELING	4	2	8	0
SOMATIC TREATMENT	3	3	9	0
NON-PSYCHIATRIC MEDICAL CARE	2	1	1	0
DRUG THERAPY	3	2	6	0
ECT	0	0	0	0
OTHER	0	0	1	0
REHABILITATION	8	5	17	0
MUSIC THERAPY	1	1	1	0
RECREATION THERAPY	8	5	15	0
OCCUPATION THERAPY	6	3	14	0
PHYSICAL THERAPY	2	0	0	0
NPI SCHOOL	8	5	18	0
INCLUDED IN SPECIAL PROJECT	0	0	1	0
OTHER	1	0	2	1
TOTAL CASES	24	5	24	2

DIFFICULT FINANCIAL MANAGEMENT PROBLEMS IN A UAF

OBJECTIVE:

To provide Administrators the opportunity to hear three Financial Management Problems which can be used as a basis for discussion in later sessions.

COST ANALYSIS IN A UNIVERSITY AFFILIATED FACILITY

Ron Thorkildsen, Administrator
UAF Exceptional Child Center
Utah State University

The output of the UAF (University Affiliated Facility) is in the form of closely related products--training, service, and research. Interdisciplinary training functions in a UAF attempt to consolidate into a training package the problems faced by various disciplines dealing with the problems of the developmentally disabled. This training involves a great deal of practical application with patients with developmental disabilities and hence the service function.

Services vary a great deal in comprehensiveness from UAF to UAF, but are basically the same in nature. They all deal with similar populations of patients and most of the services are rendered by trainees under the supervision of UAF Staff Members.

Research is a product of the environment provided by training and service. Service provides a population for both basic and applied research in the areas of developmental disabilities, and the trainee population provides a vehicle for applied research in such areas as instructional technology.

As illustrated, these three areas are closely interrelated to the degree that they are each a function of each other. This close interrelationship is the main problem in cost analysis in a UAF.

Cost analysis is required mainly for two reasons:

1) Reporting to state and federal funding agencies, other affiliated service agencies, and the host university administration and,

2) For planning, both short and long term, by UAF Administration.

The two questions most commonly asked of a UAF cost analysis are:

1) How much does it cost to provide interdisciplinary training for a trainee and,

2) How much does it cost to provide services to a patient.

Of course, both of these costs are necessary in program planning by the UAF administration.

The factors involved in the cost of both training and service are the physical facility, plant operations, instructional and supervisory staff, instructional materials and equipment. The cost of these factors are fairly readily isolated by themselves. The problem lies with isolating these costs as strictly service or training costs. Research is an additional confounding variable. A good deal of the research costs are also part of the services and/or training costs.

Basically the problem then is categorizing costs into service costs and training costs for reporting and planning purposes.

THIRD-PARTY REIMBURSEMENT

Melvin D. Peters, Administrator
Child Development Center
University of Tennessee

While we have already discussed during the day various aspects of third-party reimbursement, I thought we might be unique, having gone through different types of third-party reimbursement. Certainly when we started thinking about third-party reimbursements we were uninitiated and it appeared to be the golden goose but may become in part an albatross.

After defining globally two types of third-party arrangements, I will share a few conflicts we have encountered with each.

A special type of funding with limited application is the funding mechanism under the Social Security Title IVA program. The Department of Public Welfare contracts with the recipient to provide specified social service programs -- in our case, our short term residential center -- and requires a "third party" as the donor of local matching funds. This contract-donor definition may be stretched to include the local board that agrees to provide matching funds for other types of grants over a specified period.

The more familiar reference to third-party reimbursement is the payment for clinic services by health insurance providers, Medicaid, CHAMPUS, Intermediate Care Facilities, and Crippled Children's Service.

Among financial management problems with contract donors is one conflict situation involving the development/recruitment or acquisition of local matching sources and funds. This start-up activity cost is almost never recoverable. Once operable, continuing allotments of time toward acquisition will probably be required and will not be directly funded. Costs of reporting expenditures to local agencies may not be provided; for example, fairly elaborate United Fund reports may require a significant investment of time that may be moonlighted without pay.

There are some non-financial management conflicts that also occur. If you have developed good relationships with a local board, you find yourself almost married to this board and involved in intraboard politics that can impinge upon the financial aspects.

Special problems are hopefully unique to the Title IV A program . These include frequently changing guidelines which in schizophrenic syncopation alternately stop and restart the development of the program. The latest development is that effective on November 30 in Tennessee, the Department of Public Welfare will terminate contracts relating to the mentally retarded. Also costs for reporting expenditures are not provided. I realize our university should be handling this as an indirect cost but are not able to do so quickly enough to really get the funds back into the program satisfactorily.

A potential financial and political conflict in transferring to another state funding agency is the transfer or assignment of furniture and equipment connected with the project.

There are also Financial Management Problems with third-party reimbursements assuming you have received clearance from federal granting agencies to collect third-party payments without reducing your grant and that may be an unfair assumption -- you must resolve the problem of determining the cost of particular clinical service within the training, research, overlay, etc.. Other options are accepting the going rate or the allowable reimbursement rate.

Another problem is that costs for recovery or collection of reimbursements is not covered and such costs may approach or equal the return for small projects.

Expenditure of collected funds may pose a conflict in special cases. For example, Intermediate Care Facilities funds are required to be utilized for program enrichment. Lack of new funds, or program cutbacks make ICF collectives attractive.

Despite financial management problems, third-party reimbursements, where applicable, must be viewed as desirable resources.

UNIVERSITY ACCOUNTING SYSTEMS INCOMPATIBILITY

Henry G. Schulte, Administrator
Child Development and Mental Retardation Center
University of Washington

I would like to discuss the issue of the shortcomings or incompatibility of a typical university accounting system in meeting the needs for effective financial management of a UAF. I have categorized these shortcomings into three broad areas and I am also suggesting some partial solutions to those.

I would define these shortcomings as follows:

a) From the standpoint of UAFs, university accounting systems usually appear to be designed to meet three principal objectives:

   1. to monitor expenditure requests for appropriate authorization.
   2. to administer a system of collection and disbursement of funds, and
   3. to gather historical data and prepare reports on amounts collected and expended.

   Item (3) above is of major importance to UAFs because it is the basic tool by which planning and projections needs are met. Timeliness of historical financial information is essential if it is to be useful. In most universities there is a serious lag in the timeliness of financial reports prepared by the university. Managers, administrators, planners need much more current information than the university accounting systems provide.

b) University accounting systems are traditionally oriented to the needs of regular academic departments, schools, and colleges. The concept of interdisciplinary activities involving portions of several academic departments and the development of meaningful financial data applicable to that overall single entity has generally received little attention from university administrators.

c) Priorities for processing of financial information and the development of reports useful for analysis and planning purposes usually receive low priority within the overall work load of university accounting systems.

   Work load priorities are often generally established as follows:

   1. Payroll,
   2. Student Income.
   3. Payment of Bills, and
   4. Financial Reports.

Since resources available to accounting departments are limited, it becomes very difficult to speed-up the development of timely financial information.

Those are the three major areas of shortcomings:

1. The timeliness of the reports.
2. The orientation to the traditional academic structure, and
3. The fact that reports are given relatively low priority.

Let me suggest some alternative solutions to those problems.

a) Establish a simplified internal accounting and report system which will bridge the time delay gap between university accounting reports and the need for immediate current information. A sophisticated accounting system which duplicates the more or less permanent system of the university should be avoided. The system should be oriented and designed toward serving the needs for analysis and projections.

b) Join in efforts to revise the tradional university accounting system to one which recognizes the interdisciplinary concept and the special needs of UAF type organizations. There is a growing movement away from traditional academic organizational structures and toward interdisciplinary program systems which should emphasize the need for adequate accounting system support.

c) Join in efforts to emphasize the university administrators that effective program administration requires adequate accounting system support. Reasonable priorities within the system must be allocated to those functions directly related to the planning effort. Recognition must be given to the fact that the primary purpose of any accounting system should be the projection of the future.

ALTERNATE STRATEGIES FOR UAF ADMINISTRATORS TO CONSIDER IN DEALING WITH DIFFICULT MANAGEMENT PROBLEMS

Hugh W. Long, Ph.D., Assistant Professor of Finance
Graduate School of Business Administration
Tulane University

OBJECTIVE

To learn some possible systems techniques that can be used to deal with financial management problems

One of the panelists yesterday afternoon, it may have been Hank, commented that University Accounting Systems perform among other things, a monitoring function -- somehow there is always somebody in the system ready to pick up the phone and call you about that requisition or that request for payment and tell you it can't be done. This brought to mind a little quote that I have always enjoyed, referring to bookkeepers and green-eye-shade types who tend to get themselves into the role of perpetuating the status quo.

> "Bookkeepers are a sorry lot;
> They carry neither gun nor pistol.
> They dare not run; they dare not trot;
> Their balls are made of crystal."

Lest that carry any chauvinistic tones, let me hasten to add that in this university, at least, many of the people who call me up and tell me what I can't do are female. It is clearly a certain mentality independent of gender that is responsible for perpetuation of the status quo rigidities we all face within accounting systems.

I would like to begin with a careful specification of my total lack of any qualifications whatsoever to respond to the panel session that took place here yesterday afternoon. The subject matter which I heard discussed on the tapes and the summary papers which I received last week deal with very real problems, very serious considerations which concern all of you in the performance of your administrative roles. However, I must maintain that they are mis-labelled in the context of this program. If the word fiscal rather than financial had been used, I could be a bit more comfortable with it. But I have to submit to you that there were no financial management problems addressed. Since my only real area of expertise is financial management, I therefore lack the qualifications to speak to the problems that were raised.

The problems which were raised are accounting problems and there is a major and significiant difference between problems which fall in the realm of accounting, control, and information systems, and those which are properly within the realm of financial management. I like to think of the term "fiscal management" as encompassing that whole universe and I think it very important that we distinguish the component parts of that universe. We need to know exactly the kinds of problems we are looking at before we know where to look for the expertise to address those problems. That expertise is found in several very different types of animals, depending upon what area of fiscal management we address.

Le me share with you my definitional framework of this area.

There are several categories of activities:

Bookkeeping Functions include the making and recording of collections and expenditures. Note that I have carefully chosen these words. I am not talking about revenue; I am not talking about expenses. I am talking about actual flows in and out. This is distinct from the accrual system. I am talking about writing the payroll check and actually dispersing it to the employee. This is quite different from an accrual system that says on the 20th of a month, these people have earned two-thirds of a month's salary. I am talking about actually paying bills from suppliers, not saying we have accounts payable. I am talking about actually getting money in from people to whom we have rendered services rather than saying we have accounts receivable. In addition, bookkeeping maintains historical records.

There is then also what I would call Financial Accounting. This is a much more sophisticated activity. Within this category we would include things like control and the reporting function; taking the historical records, interpreting them, summarizing them, and putting them into a reporting context.

There is another function, one which rarely appears in university settings and, indeed, rarely appears in most health care settings, which I refer to as managerial accounting. Managerial accounting, as its name implies, is that accounting which provides inputs for administrative management or decision-making.

Encompassing this whole system thus far is an information system which will be collecting data. I distinguish between data and information. You notice I haven't said a word about financial management up to this point.

Financial management is the process which uses the inputs from all of those other functions to make resource allocation decisions either within an institution or among institutions. It looks at the systems effect of making certain decisions, of forecasting the implication of those decisions in terms of cash flows, in terms of investments, in terms of costs, costs and benefit trade-offs. It examines current activities to see if they should be continued and prospective activities to see if they should be undertaken. All of those bookkeeping and accounting functions are necessary but not sufficient conditions for financial management to take place within the institution. If you don't have those things going on and actually providing the input to the administrators, to management, then you can't really have effective financial management. But the simple existence of those in no way implies that effective financial management is taking place.

It is in this context then, that I see most of the things that were raised yesterday by the panel as being problems associated with activity or lack of activity in those bookkeeping and accounting categories. Notwithstanding the fact that I have no qualifications whatsoever to deal with accounting matters, I will proceed to deal with those that have been raised, and give you my opinion on some of those things from the standpoint of a non-professional--I am not a CPA. (I am not even a CMA -- a Certified Managerial Accountant which is the new licensure just a year old, which, as it develops over the next several years, I expect will develop a standing comparable to that of the Certified Public Accountant. The CMA includes a very rigorous and formal set of testing and experience requirements through which we are going to certify one branch of the accounting profession dealing with what I have called managerial accounting.) So, I am not a CMA and I am not a CPA, but I am going to talk to you about some accounting problems anyway. Somewhere I may also plug in some comments relative to how these things might fit into financial management as I see it.

The first general area which Ron raised yesterday has to do with cost analysis. This is a classical problem in any setting, be it the local hardware store, General Motors, an acute care hospital, or the UAF you may be associated with. How, in fact, do we get some notion of what it costs to do a particular activity when we are doing several activities, all of which receive some benefits from some single umbrella-type expenditure as, for example, your salary? How do you make any meaningful decision about how much of your salary should be associated with each of several output activities? The specific example that was raised was the pairing of service and training activities in your facilities. It is particularly difficult in your context because of the simultaneity of that going on. Here we have a trainee who is, in fact, rendering services as we train him to render those services. How can we determine how much of our expenditures related to that individual should accrue to patient service activity as opposed to the value added in the process of training the person to be able to render those services?

I think the most important thing for me to say to you is that there is not and there will not be any formula answers to that question. They don't exist for General Motors and they won't exist for UAFs.

The real question is, "For what purposes do you need that statement of costs?" "What is the political environment within which you need to generate those kinds of statements?" I got the impression from one comment made yesterday that there is something which, if not shady, is at least second-class about ad hoc solutions to these sorts of situations. I would like to take a position counter to that and suggest to you that those are the only kinds of solutions that make any sense. How you may have done some allocation problems last year for a particular purpose in no way implies that one should maintain that set of rules this year for some different purpose. There are as many possible ways of allocating overhead or certain kinds of indirect or simultaneous expenses as there are individuals addressing the problem. You can allocate things by square footage, cubic footage, salaries, number of hours spent by the administrator worrying about activity (A) rather than activity (B) according to his own count, highly complicated step-down methods, etc. All of these of both greater or lesser technical difficulty can be executed for you by a managerial accountant, and even by some CPAs. But the real question is, "Why do I want to know this?" If I am justifying a grant proposal for the Federal Government, and the political situation is such that if I have a good feel for the environment with which I am dealing, I know what will fly and what won't. I go as far down that road as I feasibly can to maximize the benefit to my institution.

If I am dealing with the State Legislature, it may be a different ballgame. If, as I will address in a few minutes, we are talking about some sort of third party reimbursements, then new rules apply. And, in general, there is no reason why we should have a single set of numbers to address all of our outside parties. Given that there is nothing sacred about cost allocation, given that it is necessarily judgmental and arbitrary and given that it will, in fact, change over time, it seems to me that it follows that there is no requirement that we have a single best system.

I realize that is not a very happy solution. It doesn't make your jobs easier when I tell you that. But I think it is in the best interest of the institution that, in this particular area, your jobs not be easy. If, as I rather suspect will be the case in the near future, you become increasingly dependent upon third party reimbursements, then it becomes very important that you formulate a strategy internally that will maximize the dollar flow to your institution from those third parties, be they private or governmental. The accounting which you do to accomplish that objective may necessarily be different than the accounting you do to address the internal university situation for allocations within the university community. And I suggest to you that that is indeed proper and the way it should be. These different publics will be looking at you differently.

Let me make a couple of related points here relative to some other things said in the session yesterday. We were talking about compatibility of the university accounting system with a center or interdisciplinary activity. To the extent that you are successful in moving the university accounting systems to be more responsive to something different than the traditional academic structure, you are going to raise exactly the problem you now face internally in terms of training and services. You'll have exactly that same problem, only to a larger order of magniturde, with the university at large. If your center is receiving some benefits from the School of Social Work, for example, how much of the salary of the Dean of the School of Social Work gets charged to your center? Recognize that as you begin to move in that direction. The same category of problems you now face within your center you will face within the university at large.

It is important for you to consider the political implications of raising those kinds of questions. Simply based upon your knowledge of the frustrations within your centers now, consider trying to make those decisions on the larger scale that the university would be looking at in an across-the-campus context.

The financial management viewpoint here is one that says, "Let us look at the financial welfare of our activity in terms of the dollar flow which we can attract to our administrative unit." That is the input side of the financial management equation. We should call upon our information system, we should call upon our accounting activities, to present to us information which allows us to make our decision in the context of maximizing our financial flows. This is because maximization provides us with the slack, the flexibility, to guarantee survival while taking those inputs and going to the other side of the financial management equation and deciding how we can take these inputs now and maximize the output benefits.

Notice that the questions raised by both sides of the financial management equation are very different from the ones addressed by accounting activities.

I would like to deal with third party reimbursement as the last item, so I would like to move now to the topic that came up third yesterday, namely the compatibility of university accounting systems with your institutions and activities. I was struck in listening to Hank's comments about some other things I have heard about university accounting systems, including here at Tulane. It brought to mind a speech made by John G. Kemeny, President of Dartmouth College. About a year ago John Kemeny, who is a mathematician turned administrator, was asked to give a talk to an academic meeting of mathematicians on the subject of "What Every College President Should Know About Mathematics". One of his comments, which I would like to quote to you is as follows:

> "Most people would say that mathematics would help a College President to be able to read a financial statement. This is actually not as trivial as it sounds because while the purpose of most financial statements is to meet a legal requirement, they do so while making sure that no one who reads the statement

can find out what its contents mean."

I think, unfortunately, that that's a fairly accurate description of much of the output of our university accounting systems. Indeed, the Dean of our Business School here at Tulane, Peter Firmin, has over the years done a lot of research and writing on university accounting systems. He is widely recognized in the accounting field as an expert, pushing back the frontiers, really doing some good and innovative stuff which, to the best of my knowledge, Tulane University has completely ignored. Again, we have tremendous inertia, a tremendous bias to the status quo within university accounting systes -- perhaps even more so than we found historically in industry, probably no more so, historically, than we have found in the rest of the health care field.

Health care has been forced out of that historical bias to the status quo because of such things as Medicare and subsequent amendments to the Social Security Act. Pressures brought by the Blues and other third party payers are to the point now that whether they like it or not, most major acute care institutions are very responsive to the external requirements placed upon them to have information and accounting systems which make some economic sense. That same crunch is in the process of now being felt on the university campus, particularly with the cut-backs of Federal funding in the last 12 to 18 months and particularly as we see a great deal of skepticism being expressed about the ability of private instituttuions to survive, given the tuitions they charge relative to public institutions.

There are lots of things happening that are going to drag the universities kicking and screaming into the Twentieth Century. It is going to happen in this decade; it is in the process of happening now, and, fortunately, some institutions are further along than the average. I don't know what the situation is at your institution, but I certainly suggest that one of the things Hank suggested -- and which I will put in my terminology -- is that that third major fiscal activity category-managerial accounting-has generally been absent from the university system except as it may have existed in the head of the president.

There is a great deal to be said for establishing co-equal to the financial accountant-comptroller, burser, business manager, or whatever you call him, a managerial accounting function, involving a person with the CMA credentials to deal with the type of problems that were being raised in this session yesterday . The financial accounting-bookkeeping-controlling function has got to give its priority to see that we get our paychecks on time; they would have a hard time keeping us around if they didn't. They have to give priority to keeping the creditors off of the university's back or they will start delivering C.O.D.. These on-going, day-to-day financial accounting functions have to keep going. However, the sort of people in our institutions and who are very good at doing those sort of things are not very good at doing the managerial accounting kind of things, of providing the input for decision making purposes. I think it is unreasonable to ask the existing staff to do that; they have their hands full doing what they are doing; they do what they are doing reasonably well. Our major problem relates to the fact they are not trained and do not think in the terms of the sort of demands we are beginning to place on them, to produce what we are beginning to see must be one of the outputs from our fiscal system.

At the risk of sounding like a bureaucrat, I would suggest to you that the way we address that problem is to establish this new function within the fiscal management system. Not to replace what is going on, but as a separate identifiable function. I think there would be serious question as to whether it would be economically feasible within your unit activities to do that independent to the university, although it is clear you may have to do it in the short run if the university will not. To get the expertise, the talent, to do the managerial accounting activities that are going to make a difference to you, there are some genuine economies of scale at the university level--if, in fact, you are able to politically sell that idea.

What that managerial accounting function can obviously do is to operate independently of financial accounting activities. Financial accounting reports you tend to get do not provide the information that is most relevant to the decision-making activities in which you want to engage. They are certainly better than nothing, and if tomorrow looks like yesterday, they are sufficient. But given the dynamics of the health care field today, and given what third party reimbursement looks like it may become -- even to university organizations -- it seems to me that the managerial accounting function can provide the service of giving timely informational input to the decision-maker. And such information is better than historical reports, even if you get them the day after the period closed.

Managerial accountants are much more capable of cutting across the traditional academic lines, and by separating out this function, you generate your own priority for these sort of activities without having to continually fight the existing priorities of the bookkeeping and financial accounting system. I don't think you'll ever be successful in trying to integrate these as a single function and trying to raise the priority of managerial accounting relative to tomorrow morning's fire fight and next week's payroll. You must bring it up as a co-equal function of the fiscal system.

This is not to say, even if you had that function at the university level, that there is not some additional requirement to maintain certain kinds of managerial accounting records and projections internally. Clearly there is a negotiation activity that is going to be going on between you and someone else at the university level and you certainly need some internal back-up to maintain the integrity of that unit, vis a vis that system. What you don't need internally are the high costs of the sophistication which can be economically achieved when you do it as a function centralized for an institution as large as a university.

Let me turn briefly then to third party reimbursement. I had the feeling when I listened to yesterday's tape that this area commanded less attention than some of the other problems. I interpreted some of the casual remarks from some of you to mean that you don't think third party reimbursement is that big a thing now, although it will be big in the future. I think it will be, too.

Let me say a couple things about that and then address some of the kinds of third party reimbursements and implications of those. As I read the national picture at the moment, it seems to me that we will continue to have a reasonable level of funding for research activities either directly from SSA, DHEW, or various foundations. It is reasonable to presume that we will have direct cash inflows to the institutions to support various research activities and probably at the same level of priority as training. Again, training will be an activity with high standard deviation as to level of funding, depending upon what kind of health care professional you are training. Again, I would think that for political reasons, based on the few states that I know about, training would have a high priority for state level funding. I would be very surprised to see grant-type funding, appropriation-type funding from Lesislatures, from Congress, or simply out-right grants from the Federal government or foundations for services. Whatever the level may be now, I would think that would be a diminishing -- relatively and absolutely -- inflow of cash in future years. I would see increasing emphasis on fee-for-services, where the fee is, in fact, charged to the recipient of those services and the fee comes from the recipient of those services or from some agent for that recipient. That agent could be a private insurer, a group insurer, a governmental program, or simply cash out of the recipient's pocket.

If there is to be monetary compensation for services, it is going to have to come from those kinds of flows rather than front-end funding through appropriations from Legislatures, Congress, or by grant activities for things other than pilot programs. And even that I would see drying up in the near future.

Right now without National Health Insurance but with Medicare, Medicaid, etc., something like 60% to 70% of all payments flowing into acute care institutions come from third-party payers. You can see now what a significant impact upon financial fortunes this whole area may have if, in fact, you are in a position to render a significant amount of service where that is a significant cost item in your overall budget.

There are several types of third-party reimbursement in existence at the present time. It depends a little bit upon the geographical area you are in, as in the case of Blue Cross-Blue Shield, private insurance companies, and a little bit upon the individual contracts. But in general you have the following types:

1) The type that says we'll pay you, the provider, a fixed flat rate for some generic category of services in which we pay the same thing for everybody. An example is Medicaid where between federal and state funds we will say we are going to pay you $X per patient per month. You have to meet certain minimum standards to be eligible, but regardless of what you do or don't do above those minimum standards, here's the flat rate.

2) Another type is full charge reimbursement. This is typical of private insurance companies. If I went out to Aetna or Travelers Insurance, I could buy a policy that would cover 100% of billed charges for any kind of health care that I chose to avail myself of. In some areas of the country, Blue Cross also pays billed charges; New Orleans is one of these areas, Northern California is another. But that's in the minority nationwide.

3) A type that is a little less attractive than that is a cost-plus reimbursement. It says, identify your costs and we will pay you that plus a percentage. Cost plus two percent for example, independent of what you may be charging people not so covered.

4) The other major type of reimbursement now in existence is strictly cost-based. Much of Blue Cross is cost-based, Medicare is cost based. This says we'll pay you your costs; no margin, no difference between costs and charges, just costs.

Blue Cross defines costs one way, Medicare defines them another way and so what gets reported as costs for one kind of reimbursement may be very different from what gets reported for another kind. When you get into those sort of complexities, you need to rely very much on a managerial accounting system to lay out for you the strategies that will maximize the flow of cash that one gets from these reimbursements. What is an allowable cost and what isn't? What are the various rules that are imposed by these third-party payers? What is an allowable depreciation schedule? How do you value your capital assets and over what period of time? If your university happens to borrow money, what portion of that can be allocated to your activity? If some of it is, the interest payments on that loan are an allowable cost for some third parties. When you get into that degree of complexity and detail and when it seems clear that, given the tightening financial picture of the Seventies, every institution should be trying to maximize the actual number of dollars that flow to it across time, it becomes very, very important to have the professional expertise that I classify as managerial accounting to allow you to prepare the costs analyses for these outside parties that will, in fact, generate those flows to your activity.

Indeed, one of the major activities of the financial management context would be to lay out projections. Suppose you want to expand your facility. Should you go into a capital investment program which will allow you to serve 50% more outpatients than you now do. In addition to worrying about things like the recent amendments to the Social Security Act that say your areawide health planning council has to approve what you are going to do if you expect to get any reimbursements from Medicare and Medicaid, you've also got to make some very careful projections as to what, in fact, are the reimbursement potentials of the services rendered in this institution. That has not only to do with forecasting how many people you are going to be able to serve, but also with what sort of cost structure is relevant to the kinds of regulations promulagated by either Blue Cross contracts, private insurers, the Federal government, the Social Security Administration, state legislatures. Those kinds of projections are critical to any major expansion or renewal. I question whether or not you can survive in the tightening financial environment without giving careful attention to the implications of third party payers over the life of those assets.

As a final note, let me mention another side of the fiscal management coin. I suppose that from time to time those of you who receive grants or appropriated monies receive them as a lump sum payment, but I would guess that most of you do not have your own checking accounts. If a payment ends up at the burser's office in the university and your expenditure of those monies takes place a couple of months from now, how much credit does the university give you for the interest earned on that money? If we are going to start talking about allocating a part of the Dean of Social Work's salary to your activity, we ought also start talking about the benefits of your activity to the university. If you don't have direct control over the monies when they arrive and you can't exert the financial management decision-making which would say these go into Treasury bills maturing on January 21 or we would rather buy U.S. Notes maturing January 15, if you are precluded from making those real financial management decisions to maximize the return on your resources in a short-term sense, then I would think you should be talking with the financial managers of the university about not only the cost side but also the benefit side. If you are really going to play this game of being an economically-viable unit of a major institution, then I would suggest quite strongly that you play both sides of the equation.

Again, one of the functions of managerial accounting is the measurement and identification of the costs and benefits which you can measure in straight dollar terms. Once you have that information, you are then in a position to negotiate your relationship with the institution.

Let me stop here and we'll go on with some questions and answers.

APPENDIX A

CASE STUDIES

A number of case studies were developed by UAF administrators for the workshop. Five of these were discussed during the various small group discussion sessions. They are reproduced here as they were submitted by the administrators. No attempt has been made to include the various solutions that were discussed since they offer no one solution to any of the problems presented. They are included here as examples of the types of problems UAF administrators are confronted with in their work.

CASE STUDY No. 1

Personnel Conflicts and Interaction Between Professional Staff and UAF Administration

The statewide Crippled Children's Services in the state of Oregon is administered by the Crippled Children's Division (CCD) of the University of Oregon Medical School. The CCD is a statewide public service and an organizational component of the Oregon State System of Higher Education. It has departmental status within the University of Oregon Medical School organizational structure. With the exception of a two-year period following the passage of Title V of the Social Security Act, CCD has been under the Medical School's administration since 1917. Because it is part of the Medical School, teaching and training has always been an integral part of the Crippled Children's Division's objectives. The training that has been conducted is an adjunct to the exemplary service provided by the division staff. During the past ten years the division has grown rapidly from a staff of approximately 50 employees to its present staff of 140 professional and support personnel. These figures exclude janitorial and maintenance personnel which is provided centrally through the Medical School Physical Plant Department. The majority of the professional staff are hired as faculty members with their major appointment being in the Crippled Children's Division. Most of the academic members have joint appointments with other departments in the Medical School such as pediatrics, medical psychology, nursing, etc. The primary reason for the rapid growth of CCD is due to a number of special federally funded projects. The largest of these projects is the Mental Retardation Training Grant funded through Maternal and Child Health Service 511 funds. This grant provides salary support for 21 academic positions and 4 civil service positions. All of the academic and all but one of the classified staff filling these positions provide direct patient care. Because of funding constraints within the training grant it became necessary over the past two years to transfer all secretarial support positions from the training grant to Title II, Developmental Disabilities funding.

The Mental Retardation Training Grant was funded in July, 1967. Shortly after its funding the CCD made application for and was successful in obtaining construction funds for a University Affiliated Facility. The facility was completed in July 1970. The new building, along with the old CCD building was given one name and is known as the Child Development and Rehabilitation Center. The Child Development and Rehabilitation Center houses the statewide Crippled Children's Services program, the University Affiliated Program, a Genetics Program, the Medical School Statistical Laboratory and a number of independent research projects. With the exception of the statistical lab and most of the research projects all of these programs and activities are under the administration of the Director of the Crippled Children's Division who is an Assistant Dean in the Medical School's organizational structure. The Director of CCD has four assistant directors as follows:

A. Director of Clinical Services, who is responsible for the statewide Crippled Children clinical services.

B. Director of Regional Service Center who is responsible for Crippled Children's Services in the Southwest and South-Central parts of the state.

C. Director of Training who is responsible for all training activities within the division and who is also the Project Director for the M.R. Training Grant.

D. Director of Administration who is also Business Manager for the Crippled Children's Division and the designated Administrator for the UAF.

All but the Director of Administration are Pediatricians.

Prior to October 1, 1970 the secretarial and support services for the division, the training grant and other projects was very fragmented. There were 17 supervisors for 38 employees, no set policy or procedure for how the work was to be accomplished and the work load was unevenly distributed.

A Management Consulting firm was hired to conduct a work flow study of the various Crippled Children's clinical activities. With the help of this study it was determined that there wer five functional areas in the support services. These were Accounting, Medical Records, Medical Transcription, Secretarial Support to clinic activities and General Administrative Secretarial Support. Prior to the reorganization all the secretaries performed at least two of these functions and some performed all five.

The reorganization of support services went into effect October 1, 1970, which coincided with the move of CCD administrative staff and M.R. Training Grant personnel and functions into the new UAF, the Child Development and Rehabilitation Center. The new organization set up distinct functional areas. Three supervisors are responsible to the Director of Administration for each of these areas. These areas are:
1) Medical Records, including medical transcription,
2) Administrative secretaries and accounting and
3) Clinical secretaries.

Part of this reorganization included the installation and use of a central transcription system. The reorganization has been effective and eliminated most of the problems it was designed to correct. The Medical Records and Clinic Secretary areas have worked extremely well.

There were numerous problems, however and continue to be problems in the Administrative Secretary area. In order to relieve professional staff of routine administrative functions such as verifying time sheets, vacation scheduling, performance review, etc. all of the administrative secretaries were made administratively responsible to the Assistant Business Manager who is the supervisor of this functional area. He was given the responsibility of coordinating and providing administrative secretarial support. Administrative secretarial functions include opening of mail, telephone answering, general correspondence, report typing, filing, taking of minutes, and other secretarial support that is not related to provision of patient care. When the support services were reorganized it was planned to assign Administrative secretaries to professional staff on a geographic basis. These secretaries would be placed throughout the building so that the professional staff they serve would be in their immediate location. However, several disciplines objected and so it was necessary to assign some administrative secretaries on a geographic basis and others on a discipline basis. The social work, psychology and speech disciplines insisted that their administrative secretaries be assigned to them on a discipline basis rather than geographic basis. This created a problem in that some of the professional staff were remotely located from their secretarial support.

Although the eleven administrative secretaries relate administratively to the Assistant Business Manager they receive their functional direction from the professional staff to which they are assigned. A Management by Objective work appraisal system is initiated by the Assistant Business Manager for each secretary. The professional staff is invited to participate in the work planning session so that the objectives that are set up for the secretary are mutually agreed upon by the professional staff for which she is working and the Assistant Business Manager. With the exception of the secretary to the Director no professional staff person has a secretary assigned exclusively to him. The number of professional staff members that a secretary provides support to varies from 2 to 6. A few of the professional staff seem to resent the influence that the Assistant Business Manager has on the secretary as her administrative supervisor. Some also resent the fact that they have to share an administrative secretary even though their work load does not justify a full-time secretary assigned exclusively to one staff person. Some professional staff members have a tendency to overrate their secretaries on the performance appraisal report as superior. Further resentment is caused when they are told by the secretary's administrative supervisor that their secretary's performance does not rate a superior mark when compared with other administrative secretaries. Another problem exists in that some of the secretaries play upon the professional staff to intervene when they are not able to obtain something from their administrative supervisor that they would like. One example concerned a secretary who was assigned as an initial part of her job responsibilities the equipment inventory function of the CDRC. She complained constantly to the professional staff person for whom she worked, hoping that he would use his influence to get the function transferred from her to another secretary. Other problems exist in the area of establishing priorities. When a secretary works for more than one professional staff person it is sometimes difficult to determine whose work should be done first and how to establish priorities for getting the work done.

Questions for discussion in this case problem are as follows:

1. Is the organizational set-up of administrative secretaries an appropriate one?

2. If it is not, what would be more appropriate?

3. Assuming that it is appropriate, what management actions can be taken to solve some of the problems mentioned?

Prepared by:

Jerry Elder and John Lewis

CASE STUDY No. 2

UAF Management Conflicts

The Problem:

Internal Governance - Specifically, authority of Director to make management decisions without approval of staff.

How Problem Arose:

Clinic Director appointed committee of three to study clinic function and make recommendations for possible improvement. Questionnaires were sent to staff and interviews conducted. Without direction or approval from Clinic Director or Center Director, the committee made a recommendation for major reorganization of the administrative structure of the entire Center, rather than just clinic function. Summary recommendation was that three full time Associate Directors be appointed to coordinate training, service and research and that most policy decisions would have to be approved by the Associate Directors. Most functions such as administrative services would be supervised by committees. Staff should be able to spend up to 50% of their time on efforts and projects of their own choosing.

Pertinent Factors Involved:

1. Director has had to be away a good deal on UAF matters of national scope.
2. Director has had to spend much time on funding problems.
3. Director is known to be receptive to any majority staff opinion.
4. At least one member of the committee is known to oppose the Director.
5. The present Associate Director of the Center is also the Clinic Director and does not express a continuing interest in other programs of the Center.
6. The questionnaire was poorly designed and in a "negative" manner.

It is also suspected that interviews by the committee with staff were with a negative approach.

Positive Results:

1. Staff were given a chance to "ventilate."
2. Many good ideas were generated.
3. Director clarified his role more fully.

Negative Results:

1. Staff became unsettled.
2. Committee felt rebuffed when their major recommendations were not accepted.
3. Die-hards still are hopeful of accomplishing their mission.

CASE STUDY No. 3

Conflict Between Patient Service And Training In A UAF Service-Based Program

The UAF at the University of Oregon Medical School which is known as the Child Development and Rehabilitation Center is administered by the Crippled Children's Division (CCD) of the Medical School. The CCD is a departmental unit of the UOMS and also functions as the state-wide crippled children's service agency. With the exception of a two year period following enactment of Title V of the Social Security Act, CCD has been under the Medical School's administration since 1917. As part of the Medical School, teaching and training have always been integral parts of the Crippled Children's Division's objectives. The training that has been conducted is an adjunct to the exemplary service provided by the Division's staff. Services are provided to the Crippled Children's Division patients either through scheduled clinics in Portland, Eugene, Medford, and Corvallis, Oregon or through the authorization of services through a private physician on a fee for service basis. The scheduled clinics are grouped around the type of handicapping condition being seen, i.e. congenital heart, cerebral palsy, muscular distrophy, etc. The professional services in these clinics are provided by CCD staff with the majority of them holding faculty positions in the Crippled Children's Division. Most of the academic members have joint appointments with other departments in the Medical School such as Pediatrics, Medical Psychology, Nursing, etc. In 1965 a special clinic which included an educational component was established to see those physically handicapped children who are also mentally retarded. This clinic which was an outgrowth of the Cerebral Palsy Clinic became known as the Multiple Discipline Clinic. This clinic was the forerunner and is the basis today for the service element of the University Affiliated Program.

A Mental Retardation Training Grant, funded through Maternal and Child Health Service 511 funds, was started in July, 1967. Shortly after its funding the CCD made application for and was successful in obtaining construction funds for a University Affiliated Facility. The Facility was completed in July, 1970. The new building, along with the old CCD building was given one name and is known as the Child Development and Rehabilitation Center. The CDRC housed the central offices of the Crippled Children's Services program, the University Affiliated program, the MR training grant, a Genetics program and research labs, the Medical School statistical laboratory and a number of independent research projects. With the exception of the statistical lab and most of the research projects all of these programs and activities are under the administration of the Director of the Crippled Children's Division who is an Assistant Dean in the Medical School's organizational structure and is also the UAF Director. He has four Assistant Directors as follows:

A. Director of Clinical Services, who is responsible for the state-wide Crippled Children clinical services.

B. Director of Regional Service Center, who is responsible for Crippled Children's Services in the Southwest and South-Central parts of the state.

C. Director of Training, who is responsible for all training activities within the Division and who is also the Project Director for the MR training grant.

D. Director of Administration who is also Business Manager for the Crippled Children's Division and the designated Administrator for the UAF.

All but the Director of Administration are Pediatricians.

As mentioned earlier the CCD has always provided teaching and training opportunities for students of the Medical School. All junior medical students rotate through the Division, pediatric residents are assigned to the Division during their training. The Division also provides a training opportunity for an occupational therapy intern and University of Oregon Medical School Hospital interns attend various CCD clinics. The Medical School has never given any direct financial support to the CCD for the training function that it performs.

With the funding of the MR Training Grant in 1967 funds were specifically awarded to support a training program within the Crippled Children's Division. The professional staff who were hired for the training grant were by and large hired to perform a training function rather than a service function. This is in contrast to the CCD staff who historically have always seen their primary role as a provider of service with the training function as an adjunct to the service role. Once the MR Training Grant was fully staffed it became apparent that there were two camps developing within the CCD, i.e. those who felt their primary role was providing service and those who felt that training was their primary objective. It was only natural that the training grant staff felt that their primary role was training since their backgrounds were in training or they were hired straight out of a training program and their means of support was through a training grant. However, the real strength of the Crippled Children's Division has been and continues to be its service element.

This conflict between service and training was further manifested when staff of the funding source for the 511 funds insisted that the MR Training Grant be administratively separate from the Crippled Children's Division and that it have its own administrative staff. This concept was opposed by the Director of CCD as not being beneficial to the overall objectives of the Division and as being difficult to administer because it would duplicate staff and services which could easily be handled by CCD staff. When funding for Title II became available in 1972 this service versus training conflict was further heightened. The Federal Developmental Disabilities staff also insisted that the UAF program be a separate administrative entity from the Crippled Children's Division. This concept has been continually resisted by the Director of CCD as not being mutually beneficial to both the Training Grant and CCD.

The Oregon State Legislature approved awarding the 25% matching funds for the construction of the UAF on the basis that they would not have to provide operation and maintenance support for the facility after its completion. Since federal funding for this purpose did not materialize until 2 years after the building's completion and then only in a small token way the subject of the UAF facility in the state legislature has been one of a white elephant. The state legislature has also insisted that CCD maintain a separate accountability of its CC program and federal grants such as the MR Training Grant.

Despite all of these obstructions, the administration of CCD has continued to maintain a beneficial marriage of the service and training components which strengthens both of these elements. The MR Training Grant and UAF Program has strengthened and enlarged the training objective of CCD. The training that it has gone on, however, has been because of the exemplary service provided in the CCD clinics. This service element and back-up of all the CCS professional staff and support services therefore is a real strength behind the UAF training program and the two elements receive mutual support even though many staff fail to realize this. In May, 1973 the National Academy of Sciences/Institute of Medicine conducted a study in the cost of medical education at the UOMS. The results of this study in CCD support the position that training is not being short-changed. The study showed that the faculty in CCD devote 45% of their time to training and teaching activities, 46% to patient care functions, 4% to research and 5% to other. This correlates closely with the funding sources which show that 44% of the faculty receive salary support for training purposes, 47% to provide patient care, 4% for research and 5% for other.

Questions for discussion in this case problem are as follows:

1. Should the UAF and the MR Training Grant continue to be a part of the Crippled Children's Division program?

2. If not, how can they generate sufficient support for the operation and maintenance of the UAF facility since the Medical School is not willing to provide funds for support of this facility outside of the CCD program.

3. If you agree that the two programs are mutually beneficial to one another what further arguments can be put forth to support its integration to the -

   a. State Legislature
   b. Federal Funding Sources and
   c. The Staff of the MR Training Grant.

Prepared by:

Jerry O. Elder

CASE STUDY No. 4

Management Problem

A management problem faced by our University Affiliated Facility is undoubtedly experienced by others. This occurs because a University Affiliated Facility, by the very nature of its function, deals with many programs and personnel for which it has no administrative or managerial responsibilities. This lack of administrative control creates some dilemmas and contributes to the difficulties of managing a University Affiliated Facility.

As all UAFs, the Kennedy Center relates to a large number of different training and service components. Some are integral parts of the UAF's parent organization and subject to its central authority. Others are administratively independent of the UAF's institution and have only programmatic relationships with the UAF. It is with the latter group of agencies that administrative problems are likely to occur.

In order to accomplish its training and clinical goals, our UAF is involved with academic departments and service facilities within our medical school. These cooperative enterprises permit the UAF to train personnel in several fields concerned with providing improved health care and the delivery of health services. It also offers the opportunity for health trainees to acquire skills and new techniques in rendering clinical care to the developmentally disabled.

These intra-mural activities are carried on under the same administrative organization, and are subject to the same authority. In the event of some policy or procedural disagreement there exists within the structure of the college a higher level of leadership to which either the UAF or the cooperating department can turn. Because both entities operate within the same framework, administrative problems seem to occur less frequently.

In dealing with other institutions with which the UAF is affiliated, the situation becomes more difficult. These other centers include large city hospitals, a state school for the developmentally disabled and several voluntary institutions. In these instances, our UAF has no financial relations with these agencies, nor does it have a common administrative base. All the mutual program activities are conducted through a variety of cooperative arrangements and understandings. The persons responsible for these areas generally establish appropriate procedures for dealing with the assignments of trainees, academic curricula, clinical training, research and service opportunities, etc..

The administrative aspects of these cooperative programs frequently are not clearly defined.

Our UAF, for example, sponsors a children's evaluation clinic which has maintained excellent collaborative activities with a speech and hearing center operated by the city hospital. Children from the clinic are referred to the speech and hearing center and multi-disciplinary educational and service programs exist for the trainees in our program. In order to achieve better working procedures, it was decided to bring about complete program integration of the two units and the speech and hearing center moved its personnel and records into the UAF building. The speech and hearing staff, however, remained on the city's payroll subject to its personnel practices.

We are now encountering some problems because different standards of personnel benefits exist for the city employees and for the UAF staff. The city's pay rate is lower; but its holiday and days off policy is more liberal. The two organizations also have different working hours. Although the staff alleges that they accept the bases for these differences, in actual practice there are evidences of discontent. Coffee breaks are prolonged, a little more time off is attributed to sick leave and there are continuing comments about the unfairness of the non-uniform practices. This discontent is also manifested in subtle resistances to following directives from an Administrator who is in fact not their employer. Particularly since he has no authority over their employment, termination or transfer and is unable to recommend this personnel for up-grading or salary adjustment.

Since all UAF's have comparable problems of dealing with persons employed by other agencies, how can we best cope with such administrative issues?

Prepared by:

Edward Linzer

CASE STUDY No. 5

The Clinical Training Unit

The Clinical Training Unit (CTU) is one of four major divisions of the Child Development and Mental Retardation Center (CDMRC) at the University of Washington. The unit, depicted by the attached organization chart, gives training to students in twelve disciplines, using clinic programs to train students in inter- and multi-discipline approaches to developmentally disabled children, mentally retarded and otherwise. The clinic programs offer team services to different categories of patients. The Child Study Clinics see patients with more complex or severe disabilities; Child Health Clinics see patients with a high risk of incurring a developmental disability; and the Adolescent Clinic gives services to more complex adolescent cases, including cases of emotional disturbances, medical problems, and mental retardation.

NATURE OF THE PROBLEM:

Each clinical program has a secretary who handles administrative chores of initial screening, gathering patient information, setting up appointments, and other secretarial chores. There are also reception and clinic nursing staff that help run the actual operations of the clinic area.

A recent study of clinic operations has identified a need for improving the coordination among the staff mentioned above, as well as their work methods. Each secretary has developed her own way of organizing her work and the procedures followed for such matters as appointment scheduling and the use of medical charts. This presents a confusing picture to professionals who work with more than one clinic program, and the short term staff and students, who must "get the hang" of the unique procedures each secretary has developed. Each secretary has developed some very complex and intricate ways of handling her work, which increases the learning and coping problems for the professional staff.

There is a need for more coordination among the clinic operations staff (secretaries and the support staff) on matters of scheduling patients, use of facilities and clinic nurses, and patient flow (getting the patient to the scheduled services). Improved coordination in these areas can increase the capacity of clinic operations and better meet the needs of the patient; i.e., reduce waiting time and backlogs of patients in the clinic. The small daily problems encountered in clinic operations require someone to act as a troubleshooter and help coordinate efforts to take care of such problems.

There is also a need for more attention to matters of personnel supervision such as promotion, work performance evaluations, and employee rights. These chores have been left up to the CTU administrator, who can't effectively evaluate the job performance of the secretaries. He is not close enough to the situation to have first-hand knowledge of their work. The Administrator also lacks the true authority to make changes in work methods or effectively supervise and coordinate the secretaries. Each secretary is primarily responsible to her Clinic Program Head, who often lacks the time, ability, or interest to become involved in the matters discussed above.

PAST SOLUTIONS

The CTU leaders developed several ways to deal with these matters of coordination and supervision, but has had little success to date. The first attempt was the creation of a Clinic Coordinator position. The coordinator began working on these problems, but ran into resistance from the clinic operations staff. The effectiveness of the position was greatly reduced because the question of administrative authority over the staff wasn't resolved.

Needing a strong approach to the problem the CTU then hired a secretarial supervisor, who was given the responsibility for all Clinic and Discipline Program secretaries. The person put in this position was confronted with demands from all the Program Heads as well as the secretaries themselves. The Secretarial Supervisor was faced with the task of arbitrating the demands of the Program Heads, and more importantly, arbitrating the wants and desires of the secretaries with the CTU Administration. Some strong resistance developed among the secretaries to the Secretarial Supervisor, largely based on several miscalculated tactics of the Administration which alienated the secretaries. While the position had the needed authority, it wasn't properly applied. The Secretarial Supervisor resigned within six months.

One result of the failure of the Secretarial Supervisor is a strong feeling of suspicion toward anybody trying to take on the role of Secretarial Supervisor. Currently a regular program secretary is being phased into the role, but working only in a facilitating coordinating capacity with Clinic Program Secretaries. The question of such a position having authority to change work methods and induce coordinated efforts has not been resolved.

THE ORGANIZATIONAL CONTEXT

The problems of poor coordination of efforts, complicated work methods, and the high level of independence of the secretaries reflects the evolution of the CTU itself. The use of the interdisciplinary approach to training and the patients' services began in a small project giving care to children of selected student groups in the 1950's.

Through the years, the interdisciplinary concept was expanded by the formation of the other clinic programs. Each clinic developed some sources of funding to support its' service functions although a substantial training grant provides primary support for the training functions.

The Clinic and Discipline Programs "share" the staff, as reflected by the matrix on the organizational chart. A particular staff member has teaching and academic responsibilities as well as patient service duties. This situation places negotiation and maneuvering for staff time as the major management function. Because Discipline Program Heads also report to the Dean of their respective academic department, and staff hold faculty appointments, Discipline Programs are also relatively independent.

Becauce CDMRC and CTU have not had a strong central management program, Clinic and Discipline Programs have evolved independently, negotiating their working relationship as opposed to having them planned and managed by CDMRC and CTU leadership. Because the Program secretaries have reported directly to their Program Heads (and appropriately so), their jobs and working relationships with other clinic operations staff are a reflection of the style of relationships between Discipline and Clinic Programs; negotiated in areas of mutual interest and highly independent.

CDMRC has a newly appointed Director, while CTU is currently searching for a new Director. The CDMRC Director is the acting CTU Director. The CDMRC Director favors some direct management action to change the system, but at the secretarial level the potential for resistance to direct change efforts is very high.

SOLUTION AREAS

The dilemma presented above has some interesting and complex questions for management experts.

1. Given the current situation, what are some feasible alternative management models, other than the supervisory model, for improving the work methods and coordination among Clinic Program secretaries?

   What are some management tactics that could improve upon a supervisory model?

2. Since the secretarial situation is a reflection of the coordinating and management problems of CTU, what tactics of management would be useful for CDMRC/CTU leaders?

3. How could a strong planning and evaluation program at the CTU level be used to help improve coordination, management,

and decision-making?

How could such a program be set up and what would its major components be?

4. Lastly, what are the pitfalls and advantages to be gained by using a restructuring of CTU to introduce needed changes and break old behavior patterns of CTU staff?

APPENDIX B

SUGGESTED ROLES OF A UAF ADMINISTRATOR

Throughout the workshop various roles of UAF administrators were discussed. During one of the small group discussion sessions each group listed various roles they perform in their UAF's. The list of 20 roles on the next page is a compilation of those roles developed in the small group discussions. It is not meant to be an all-inclusive list of roles that a UAF administrator should assume but rather a listing of roles some administrators do play that could be applicable to others.

a. Problem Solver.

b. Day-to-Day Manager (Facilities, Personnel).

c. External Liaison (With University, Other Community Agencies).

d. Operating Manager of various health "Clinics" in community.

e. Facilitator of internal operations (Secure funds, etc.).

f. Buffer between Director and other Staff (Professionals in particular).

g. Information source for Director and other Staff (The how-do-I-get-it-done Answer Man).

h. Seeker of new Grant opportunities.

i. Program Planner, Identifier and Conceptualizer.

j. Fiscal Innovator.

k. Chief of fire-putting out.

l. Legitimizer (Yea sayer versus nay sayer).

m. Sometimes Teacher .

n. Information Distributor.

o Administrative Knowledge Expert.

p. Service Facilitator with external Agencies.

q. Conflict Resolver for diverse funding sources.

r. Mediator for conflicting organizational objectives.

s. Chief of daily operations.

t. Logistics Manager of "Administrivia."

APPENDIX C

PROGRAM

Management Improvement Workshop For UAF Administrators
November 12 - 14, 1973
New Orleans, Louisiana

The global objective of this workshop is to provide UAF Administrators the opportunity to meet in a two and one-half day workshop for the purpose of discussing possible solutions to common management problems and to review new techniques for improved management in University Affiliated Facilities. To assist us in accomplishing this objective, the role of the UAF Administrator was chosen as the overall theme of this workshop. It is not the purpose of this workshop to define this role but rather to examine the many roles a UAF Administrator plays and to discuss the problems associated with them. By making use of case problems, panel presentations by administrators and small group discussions, it is hoped that this will be a working workshop with maximum participation by all those attending.

Appreciation is extended to Walter Burnett, Ph.D., Tulane Medical Center, who was instrumental in advising the planning committee on the workshop format.

This workshop was made possible through the funding of a training grant from the Community Health Services Administration, Department of Health, Education and Welfare. We are indeed indebted to Mr. James Papai, University Programs Branch of Community Health Services for his role in obtaining the funding for this workshop.

I along with the other members of the workshop planning committee composed of Wil Clouse, Ed Onorati and Ron Thorkildsen hope you will benefit from your attendance and participation in this workshop. It has been our pleasure putting it all together.

Jerry Elder
Workshop Coordinator

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All workshop sessions will be held in the facilities of the Family Health Foundation, 136 S. Roman Street which is a block and a half from the Delta Towers Hotel

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MONDAY, NOVEMBER 12

8:30 - 9:00 a.m.

Registration and Coffee.....
Family Health Foundation
Second Floor

OPENING SESSION

9:00 - 9:45 a.m.

"Health Care Professionals' Expectations of Administrators"..............................Panel

Moderator: Walter M. Burnett, Ph.D., Director
Graduate Program in Health Services and Hospital Administration
Tulane University

Panel: Ben Ray, Instructor
Theresa Torti, Assistant Professor
O. John Shaefer, Instructor

Graduate Program in Community Health
Tulane University

9:45 - 10:30 a.m.

Difficult Management Conflicts for UAF Administrators..........................Panel

Moderator: R. Wilburn Clouse
Assistant Director for Administration
JFK Center for Research on Education and Human Development
George Peabody College for Teachers

"The Organizational Structure of UAFs Within the University Setting".........Wilburn Clouse

Internal Organizational Problems.......Adrian E. Williamson
Chief of Administration
JFK Child Development Center
University of Colorado Medical Center

"Accountability Procedures for UAFs..........

Charles V. Keeran, Jr.
Associate Dir. Administration
NPI/Mental Retardation Program
University of California at Los Angeles

10:30 - 10:45 a.m.

Coffee Break

10:45 - 12:00 noon

Management by Objectives Presentation on Structuring Objectives to meet difficult Management Conflicts.......

John R. Schermerhorn, Jr.
Assistant Professor
Graduate School of Business Administration
Tulane University

12:00 - 1:00 p.m.

Lunch...................Saxony Restaurant

AFTERNOON SESSION

1:00 - 3:00 p.m.

Case Study Discussions
Group #1, Discussion Leader: John R. Schermerhorn
Training Room 1
Group #2, Discussion Leader: Walter M. Burnett
Training Room 5
Group #3, Discussion Leader: Eric W. Vetter, Ph.D.,
Training Room 7 — Associate Dean
Graduate School of Business Administration
Tulane University

3:00 - 3:15 p.m.

Coffee and Regroup

3:15 - 4:30 p.m.

"The Use of UAF Data Base Information as a Management Tool"

William E. Loadman, Ph.D., Director of Evaluation
Nisonger Center for Mental Retardation and Developmental Disabilities
The Ohio State University

TUESDAY, NOVEMBER 13

MORNING SESSION

9:30 - 10:15 a.m.

The Future of UAFs as a Unique Health Service versus Training Institution................................Panel

Moderator: Edmond Onorati
Associate Director for Administration
Center for Child Development
University of Miami

"The Role of Service".......

Jerry O. Elder, Administrator
Child Development and Rehabilitation Center
University of Oregon Medical School

"The Role of Training"........

J. Robert Gray, Administrator
Division for Disorders of Development and Learning
The University of North Carolina

"The Role of Funding"........

Edmond Onorati

10:15 - 10:30 a.m.

Coffee Break

10:30 - 11:45 a.m.

Case Study Presentations:
Discussion Leaders will be authors of Case Studies

Group #1..........Training Room 1
Group #2..........Training Room 5
Group #3..........Training Room 7

11:45 - 1:30 p.m.

Lunch.............................Open

AFTERNOON SESSION

1:30 - 2:45 p.m.

"Utilization of Computer Applications in UAF Administration".......

Donald Guthrie, Ph.D., Coordinator
Computer Resources Group
NPI/Mental Retardation Program
University of California at Los Angeles

2:45 - 3:00 p.m.

Coffee Break

3:00 - 4:15 p.m.

Difficult Financial Management Problems Encountered by UAF Administrators...............................Panel

Moderator: Ron Thorkildsen, Administrator
UAF Exceptional Child Center
Utah State University

"Cost Analysis Problems"

Ron Thorkildsen

"Third Party Reimbursement"

Melvin D. Peters, Administrator
Child Development Center
University of Tennessee

"University Accounting Systems Incompatibility"

Henry G. Schulte, Administrator
Child Development and Mental Retardation Center
University of Washington

WEDNESDAY, NOVEMBER 14

MORNING SESSION

9:00 - 10:15 a.m.

"Alternate Solutions for UAF Administrators to Consider in Dealing with Difficult Financial Management Problems"

Hugh W. Long, Ph.D., Assistant Professor of Finance
Graduate School of Business Administration
Tulane University

10:15 - 10:30 a.m.

Coffee Break

10:30 - 11:45 a.m.

Group Discussions on the Feasibility of Implementing the Approaches to Solving Financial Management Problems Advocated Before Coffee Break

Group #1, Discussion Leader: Hugh W. Long
Training Room 1
Group #2, Discussion Leader: Walter M. Burnett
Training Room 5
Group #3, Discussion Leader: Stuart Capper
Training Room 7
Health Planner
New Orleans Area Health Planning Council

11:45 - 12:00 noon

Workshop Wrap-Up and Conclusions

Jerry O. Elder

12:00 noon

Adjournment

APPENDIX D

PARTICIPANTS

Management Improvement
Workshop For UAF Administrators
New Orleans Louisiana, November 12-14, 1973

ADAME, Frank A., Jr.
Administrative Services Officer
NPI/Mental Retardation Research Center
University of California at Los Angeles

BABINGTON, Wallace K. **
Secretary's Committee on Mental Retardation

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University of Georgia

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CAPPER, Stuard *
Health Planner
New Orleans Area Health Planning Council

CLOUSE, R. Wilburn *
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John F. Kennedy Center for Research on Education and
Human Development
George Peabody College for Teachers

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University of Nebraska

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University of Oregon Medical School

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University of Kentucky

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Albert Einstein College of Medicine

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Ohio State University

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MCNAMEE, Donald E.
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Eunice Kennedy Center
Walter E. Fernald State School

MCNEILL, Robert **
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Association of University Affiliated Facilities

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Administrative Assistant
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University of Indiana at Indianapolis

ONORATI, Edmond *
Associate Director for Administration
Mailman Center for Child Development
University of Miami

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Administrative Methods Consultant
Community Health Services

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Assistant Administrator
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University of Kansas Medical Center

THORKILDSEN, Ron *
Administrator
UAF Exceptional Child Center
Utah State University

TORTI, Theresa *
Assistant Professor
Graduate Program in Community Health
Tulane University

VETTER, Eric W., Ph.D. *
Associate Dean
Graduate School of Business Administration
Tulane University

WILLIAMSON, A. E. *
Chief of Administration
JFK Child Development Center
University of Colorado Medical Center

* - Indicates Speakers

** - Indicates Guests

APPENDIX E

EVALUATION OF WORKSHOP

EVALUATION OF UAF ADMINISTRATORS MANAGEMENT WORKSHOP

The major purpose of this evaluation is to evaluate the success of meeting the objective set by the planning committee that were to be met by the presentations and discussions at the workshop. There are also questions dealing with demographic data that will be used to profile the workshop participants, and to determine any relationships that might exist between the demographic data and the evaluative questions.

The questionnaires were coded and processed with a crosstabulation and chisquare analysis program. A crosstabulation and chisquare was run between each demographic variable and the responses to each objective. This resulted in 156 crosstabulation tables with a chisquare value associated with each table. Of the 156 analysis there were only three significant chisquare values at the .05 level. This conclusively indicates that the responses to the success of the objectives was independent of the responses of the demographic data. Because there is essentially no relationship between responses to the success of the objectives and the demographic data, these tables are not included in the evaluation but are available on request. A summary of the crosstabulation analysis is included.*

Section I contains a summary of the crosstabulation analysis. The scale in the questionnaire for responding to the success of the objectives was initially set as Very Successful, Moderately Successful, Successful, Slightly Successful and Unsuccessful. Moderately Successful was inadvertently misplaced in the scale and caused ambiguity. Because of this, Moderately Successful and Successful were combined in the analysis. The number in parenthesis beneath each response indicates the average number of participants marking that response with respect to the associated objective. A summary of the total questionnaire and all the participants indicates that there were 37% that responded Very Successful, 53% Successful, 8% Slightly Successful and 2% Unsuccessful.

Section II contains six crosstabulation tables that attempt to profile the participants as to present position, academic background, length of time with the UAF system and experience area. Section III contains the comments participants were asked to make at the end of the questionnaire. The first set of comments is in response to the request "Please make any comments you might have concerning the success of the workshop". The second set of comments is in response to the request "How would you change the format of future management workshops?".

There was general agreement between the comments and the responses to the success of meeting the objectives of the conference. It can therefore be concluded that the participants of the workshop felt the workshop was successful. The second set of comments contained a number of suggestions for future workshops. If other workshops of this type are conducted, these suggestions should be incorporated into the planning of these workshops.

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* An example of one of these tables is included in Section I, Page 7.

SECTION I

The Presentation and Applicability of the Objectives were evaluated according to the scale below.

Very Successful (VS)	Successful (S)	Slightly Successful (SS)	Unsuccessful (US)

Session #1 Panel Presentation on Expectations of Administrators

OBJECTIVE: To acquaint the administrators with expectations three professional staff have towards the role of an administrator and to use these expectations as a common ground work for discussion during the course of the workshop.

	VS	S	SS	US
a. The objective addressed a problem common to the UAF system as you perceive it	(7)	(16)	(6)	(2)
b. The objective addressed a problem you have encountered at your UAF	(7)	(14)	(7)	(1)
c. The subject of the objective was well covered in the presentation	(5)	(20)	(5)	(1)

Session #2 Panel on Three Most Difficult Management Conflicts for UAF Administrators

OBJECTIVE: To present to the administrators three difficult management conflicts which will serve as a basis for the topic on structuring objectives to meet these conflicts.

	VS	S	SS	US
a. The objective addressed a problem common to the UAF system as you perceive it	(15)	(14)	(2)	(0)
b. The objective addressed a problem you have encountered at your UAF	(18)	(12)	(0)	(0)
c. The subject of the objective was well covered in the presentation	(18)	(13)	(0)	(0)

Session #3 Structuring Objectives to Meet the Three Most Difficult Management Conflicts

OBJECTIVE:

1. To briefly present the concept of Management by Objectives as an introduction for those who are not familiar with it and as a review for those who are.
2. To acquaint administrators with how Management by Objectives

and other management concepts may be useful in solving management conflicts.

	VS	S	SS	US
a. The objective addressed a problem common to the UAF system as you perceive it	(11)	(16)	(3)	(0)
b. The objective addressed a problem you have encountered at your UAF	(7)	(17)	(5)	(1)
c. The subject of the objective was well covered in the presentation	(19)	(11)	(1)	(0)

Session #4 Case Study Discussions

OBJECTIVE:
1. To provide administrators an opportunity to discuss actual management problems.
2. To utilize the information learned in the MBO session to suggest solutions for the problems presented in the case studies.

	VS	S	SS	US
a. The objective addressed a problem common to the UAF system as you perceive it	(5)	(22)	(3)	(1)
b. The objective addressed a problem you have encountered at your UAF	(7)	(18)	(2)	(3)
c. The subject of the objective was well covered in the presentation	(6)	(19)	(2)	(3)

Session #5 Use of UAF Data Base Information as a Management Tool

OBJECTIVE:
L. To hear Bill Loadman's ideas on how to use statistical information collected by UAFs as a management tool.
2. To provide the opportunity to question Mr. Loadman on the validity and the realistic potential of his data collection system.

	VS	S	SS	US
a. The objective addressed a problem common to the UAF system as you perceive it	(18)	(11)	(2)	(0)
b. The objective addressed a problem you have encountered at your UAF	(10)	(19)	(1)	(0)
c. The subject of the objective was well covered in the presentation	(5)	(19)	(5)	(2)

Session #6 Panel on the Future of UAFs

OBJECTIVE: To provide food for thought to administrators as to the future of UAFs which they can take back to their respective UAFs for discussion amongst their staff and with their directors.

	VS	S	SS	US
a. The objective addressed a problem common to the UAF system as you perceive it	(14)	(15)	(1)	(0)
b. The objective addressed a problem you have encountered at your UAF	(12)	(15)	(1)	(0)
c. The subject of the objective was well covered in the presentation	(11)	(18)	(1)	(0)

Session #7 Case Study Presentations

OBJECTIVE:
1. To provide administrators an opportunity to discuss actual management problems.
2. To utilize the information learned in the MBO session to suggest solutions for the problems presented in the case studies.

	VS	S	SS	US
a. The objective addressed a problem common to the UAF system as you perceive it	(13)	(15)	(3)	(0)
b. The objective addressed a problem you have encountered at your UAF	(7)	(17)	(3)	(3)
c. The subject of the objective was well covered in the presentation	(8)	(19)	(2)	(2)

Session #8 Utilization of Computer Applications in UAF Administration

OBJECTIVE: To learn from Donald Guthrie some of the applications he has used that might be applicable to other UAF administrators.

	VS	S	SS	US
a. The objective addressed a problem common to the UAF system as you perceive it	(13)	(14)	(2)	(0)
b. The objective addressed a problem you have encountered at your UAF	(12)	(13)	(3)	(0)
c. The subject of the objective was well covered in the presentation	(15)	(14)	(0)	(0)

Session #9 Panel on the Three Most Difficult Financial Management Problems Encountered by UAF Administrators

OBJECTIVE: To provide administrators the opportunity to hear three financial management problems which can be used as a basis for discussion in later sessions.

		VS	S	SS	US
a.	The objective addressed a problem common to the UAF system as you perceive it	(13)	(15)	(1)	(0)
b.	The objective addressed a problem you have encountered at your UAF	(13)	(13)	(1)	(0)
c.	The subject of the objective was well covered in the presentations	(9)	(19)	(1)	(0)

Session #10 Alternate Solutions for UAF administrators to Consider in Dealing with the Three Most Difficult Financial Management Problems.

OBJECTIVE: To learn some possible systems techniques that can be used to deal with financial management problems.

		VS	S	SS	US
a.	The objective addressed a problem common to the UAF system as you perceive it	(9)	(17)	(1)	(0)
b.	The objective addressed a problem you have encountered at your UAF	(8)	(15)	(2)	(1)
c. c.	The subject of the objective was well covered in the presentation	(8)	(17)	(3)	(0)

Session #11 Implementing the Approaches to Solving Financial Management Problems.

OBJECTIVE: To provide administrators the opportunity of discussion in small groups the feasibility of using the systems techniques approaches that were advocated in the previous sessions.

		VS	S	SS	US
a.	The objective addressed a problem common to the UAF system as you perceive it	(13)	(12)	(2)	(0)
b.	The objective addressed a problem you have encountered at your UAF	(12)	(11)	(4)	(0)
c.	The subject of the objective was well covered in the presentation	(10)	(14)	(2)	(1)

Did you find the workshop informative?

29 YES 0 NO

Would you advocate additional workshops of this type?

29 YES 1 NO

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UAF ADMIN MGT WORKSHOP EVALUATION
                                                                                        02/19/74
FILE    NONAME (CREATION DATE = 02/19/74     )

* * * * * * * * * * * * * * * * * * * *   C R O S S T A B U L A T I O N   O F   * * * * * * * * * * * * * * *
    VAR003  LENGTH OF TIME WITH UAF SYSTEM                          BY  VAR005  SESSION #1--OBJ ADDRESSED COMMON PROB
* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *  PAGE  1

                     VAR005
             COUNT   I
             ROW %   IVERY SUC SUC-       SLGTLY   UNSUC-       ROW
             COL %   I-CESSFUL CESSFUL  SUCCFL   CESSFUL     TOTAL
             TOT %   I      1 I      2 I      3 I      4 I
VAR003       --------I--------I--------I--------I--------I
                    1 I      0 I      5 I      0 I      0 I       5
  LESS THAN 1 YEAR I    0.0 I  100.0 I    0.0 I    0.0 I    16.7
                     I    0.0 I   33.3 I    0.0 I    0.0 I
                     I    0.0 I   16.7 I    0.0 I    0.0 I
                    -I--------I--------I--------I--------I
                   2 I      3 I      4 I      2 I      0 I       9
  1 - 2 YEARS        I   33.3 I   44.4 I   22.2 I    0.0 I    30.0
                     I   42.9 I   26.7 I   33.3 I    0.0 I
                     I   10.0 I   13.3 I    6.7 I    0.0 I
                    -I--------I--------I--------I--------I
                   3 I      2 I      2 I      2 I      1 I       7
  3 - 4 YEARS        I   28.6 I   28.6 I   28.6 I   14.3 I    23.3
                     I   28.6 I   13.3 I   33.3 I   50.0 I
                     I    6.7 I    6.7 I    6.7 I    3.3 I
                    -I--------I--------I--------I--------I
                   4 I      2 I      4 I      2 I      1 I       9
  5 - 6 YEARS        I   22.2 I   44.4 I   22.2 I   11.1 I    30.0
                     I   28.6 I   26.7 I   33.3 I   50.0 I
                     I    6.7 I   13.3 I    6.7 I    3.3 I
                    -I--------I--------I--------I--------I
             COLUMN         7        15         6         2        30
              TOTAL      23.3      50.0      20.0       6.7     100.0

RAW CHI SQUARE =      8.00454 WITH      9 DEGREES OF FREEDOM.  SIGNIFICANCE =  0.5337

NUMBER OF MISSING OBSERVATIONS =      1
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UAF ADMIN MGT WORKSHOP EVALUATION                                                                   03/20/74

FILE   NONAME (CREATION DATE = 03/20/74     )

* * * * * * * * * * * * * * * * * * * * *   C R O S S T A B U L A T I O N   O F   * * * * * * * * * * * * * * * *
   VAR001  PRESENT POSITION OF PARTICIPANT                        BY  VAR002  ACADEMIC BACKGROUND OF PARTICIPANT
* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *  PAGE

                     VAR002
            COUNT   I
            ROW %   IHLTH & H GEN BUS  ED ADMIN OTHER       ROW
            COL %   IOS ADMIN ADMIN                        TOTAL
            TOT %   I     1  I     2  I     3  I     4  I
VAR001      --------I--------I--------I--------I--------I
                1   I     3  I     5  I     0  I     8  I     16
  UAF ADMIN         I  18.8  I  31.3  I   0.0  I  50.0  I   51.6
                    I 100.0  I  50.0  I   0.0  I  47.1  I
                    I   9.7  I  16.1  I   0.0  I  25.8  I
                   -I--------I--------I--------I--------I
                3   I     0  I     5  I     1  I     9  I     15
  OTHER             I   0.0  I  33.3  I   6.7  I  60.0  I   48.4
                    I   0.0  I  50.0  I 100.0  I  52.9  I
                    I   0.0  I  16.1  I   3.2  I  29.0  I
                   -I--------I--------I--------I--------I
            COLUMN        3       10        1       17        31
             TOTAL      9.7     32.3      3.2     54.8     100.0
```

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UAF ADMIN MGT WORKSHOP EVALUATION                                                              03/20/74

FILE    NONAME (CREATION DATE = 03/20/74      )

* * * * * * * * * * * * * * * * * * * * *   C R O S S T A B U L A T I O N   O F   * * * * * * * * * * * * * * * *
    VAR001  PRESENT POSITION OF PARTICIPANT                        BY  VAR003  LENGTH OF TIME WITH UAF SYSTEM
* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * PAGE

                    VAR003
          COUNT   I
          ROW %   ILESS THA 1 - 2 YE 3 - 4 YE 5 - 6 YE    ROW
          COL %   IN 1 YEAR ARS      ARS      ARS         TOTAL
          TOT %   I     1  I     2  I     3  I     4  I
VAR001    --------I--------I--------I--------I--------I
              1   I     1  I     4  I     2  I     8  I    15
  UAF ADMIN       I   6.7  I  26.7  I  13.3  I  53.3  I  50.0
                  I  20.0  I  44.4  I  28.6  I  88.9  I
                  I   3.3  I  13.3  I   6.7  I  26.7  I
                 -I--------I--------I--------I--------I
              3   I     4  I     5  I     5  I     1  I    15
  OTHER           I  26.7  I  33.3  I  33.3  I   6.7  I  50.0
                  I  80.0  I  55.6  I  71.4  I  11.1  I
                  I  13.3  I  16.7  I  16.7  I   3.3  I
                 -I--------I--------I--------I--------I
         COLUMN         5        9        7        9       30
          TOTAL      16.7     30.0     23.3     30.0    100.0

NUMBER OF MISSING OBSERVATIONS =       1
```

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UAF ADMIN MGT WORKSHOP EVALUATION                                                              03/20/74

FILE    NONAME (CREATION DATE = 03/20/74     )

* * * * * * * * * * * * * * * * * * *   C R O S S T A B U L A T I O N   O F   * * * * * * * * * * * * * * *
   VAR001  PRESENT POSITION OF PARTICIPANT                BY  VAR004  EXPER AREA PRIOR TO PRESENT POSITION
* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *  PAGE

                     VAR004
          COUNT  I
          ROW %  IHLTH & H GEN BUS  ED ADMIN OTHER       ROW
          COL %  IOS ADMIN ADMIN                         TOTAL
          TOT %  I       1 I       2 I       3 I       4 I
VAR001   --------I--------I--------I--------I--------I
              1  I       4 I       3 I       2 I       7 I      16
  UAF ADMIN      I    25.0 I    18.8 I    12.5 I    43.8 I    51.6
                 I    80.0 I    50.0 I    66.7 I    41.2 I
                 I    12.9 I     9.7 I     6.5 I    22.6 I
                -I--------I--------I--------I--------I
              3  I       1 I       3 I       1 I      10 I      15
  OTHER          I     6.7 I    20.0 I     6.7 I    66.7 I    48.4
                 I    20.0 I    50.0 I    33.3 I    58.8 I
                 I     3.2 I     9.7 I     3.2 I    32.3 I
                -I--------I--------I--------I--------I
         COLUMN          5         6         3        17       31
          TOTAL       16.1      19.4       9.7      54.8    100.0
```

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UAF ADMIN MGT WORKSHOP EVALUATION                                                       03/20/74

FILE   NONAME (CREATION DATE = 03/20/74     )

* * * * * * * * * * * * * * * * * * * *  C R O S S T A B U L A T I O N   O F  * * * * * * * * * * * * * * * *
   VAR002  ACADEMIC BACKGROUND OF PARTICIPANT           BY  VAR003  LENGTH OF TIME WITH UAF SYSTEM
* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * PAGE

                     VAR003
            COUNT  I
            ROW %  ILESS THA 1 - 2 YE 3 - 4 YE 5 - 6 YE   ROW
            COL %  IN 1 YEAR ARS       ARS      ARS       TOTAL
            TOT %  I     1  I     2  I     3  I     4  I
VAR002     --------I--------I--------I--------I--------I
                 1 I     0  I     1  I     2  I     0  I     3
  HLTH & HOS ADMIN I   0.0  I  33.3  I  66.7  I   0.0  I  10.0
                   I   0.0  I  11.1  I  28.6  I   0.0  I
                   I   0.0  I   3.3  I   6.7  I   0.0  I
                  -I--------I--------I--------I--------I
                 2 I     2  I     3  I     2  I     2  I     9
  GEN BUS ADMIN    I  22.2  I  33.3  I  22.2  I  22.2  I  30.0
                   I  40.0  I  33.3  I  28.6  I  22.2  I
                   I   6.7  I  10.0  I   6.7  I   6.7  I
                  -I--------I--------I--------I--------I
                 3 I     0  I     0  I     1  I     0  I     1
  ED ADMIN         I   0.0  I   0.0  I 100.0  I   0.0  I   3.3
                   I   0.0  I   0.0  I  14.3  I   0.0  I
                   I   0.0  I   0.0  I   3.3  I   0.0  I
                  -I--------I--------I--------I--------I
                 4 I     3  I     5  I     2  I     7  I    17
  OTHER            I  17.6  I  29.4  I  11.8  I  41.2  I  56.7
                   I  60.0  I  55.6  I  28.6  I  77.8  I
                   I  10.0  I  16.7  I   6.7  I  23.3  I
                  -I--------I--------I--------I--------I
            COLUMN       5        9        7        9       30
             TOTAL    16.7     30.0     23.3     30.0    100.0

NUMBER OF MISSING OBSERVATIONS =      1
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UAF ADMIN MGT WORKSHOP EVALUATION
                                                                                            03/20/74
FILE    NONAME (CREATION DATE = 03/20/74      )

* * * * * * * * * * * * * * * * * * * * * * * *   C R O S S T A B U L A T I O N   O F  * * * * * * * * * * * * * * *
    VAR002  ACADEMIC BACKGROUND OF PARTICIPANT                   BY  VAR004  EXPER AREA PRIOR TO PRESENT POSITION
* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * PAGE

                      VAR004
            COUNT   I
            ROW %   IHLTH & H GEN BUS  ED ADMIN OTHER
            COL %   IOS ADMIN ADMIN                          ROW
            TOT %   I       1 I       2 I       3 I       4 I   TOTAL
VAR002      --------I---------I---------I---------I---------I
                  1 I       3 I       0 I       0 I       0 I       3
  HLTH & HOS ADMIN  I   100.0 I     0.0 I     0.0 I     0.0 I     9.7
                    I    60.0 I     0.0 I     0.0 I     0.0 I
                    I     9.7 I     0.0 I     0.0 I     0.0 I
                   -I---------I---------I---------I---------I
                  2 I       0 I       5 I       0 I       5 I      10
  GEN BUS ADMIN     I     0.0 I    50.0 I     0.0 I    50.0 I    32.3
                    I     0.0 I    83.3 I     0.0 I    29.4 I
                    I     0.0 I    16.1 I     0.0 I    16.1 I
                   -I---------I---------I---------I---------I
                  3 I       0 I       0 I       1 I       0 I       1
  ED ADMIN          I     0.0 I     0.0 I   100.0 I     0.0 I     3.2
                    I     0.0 I     0.0 I    33.3 I     0.0 I
                    I     0.0 I     0.0 I     3.2 I     0.0 I
                   -I---------I---------I---------I---------I
                  4 I       2 I       1 I       2 I      12 I      17
  OTHER             I    11.8 I     5.9 I    11.8 I    70.6 I    54.8
                    I    40.0 I    16.7 I    66.7 I    70.6 I
                    I     6.5 I     3.2 I     6.5 I    38.7 I
                   -I---------I---------I---------I---------I
            COLUMN          5         6         3        17        31
            TOTAL        16.1      19.4       9.7      54.8     100.0
```

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UAF ADMIN MGT WORKSHOP EVALUATION                                                      03/20/74

FILE   NONAME (CREATION DATE = 03/20/74     )

* * * * * * * * * * * * * * * * * *   C R O S S T A B U L A T I O N   O F   * * * * * * * * * * * * * *
    VAR003  LENGTH OF TIME WITH UAF SYSTEM                      BY  VAR004  EXPER AREA PRIOR TO PRESENT POSITIO
* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *   PAGE

                     VAR004
           COUNT  I
           ROW %  IHLTH & H GEN BUS  ED ADMIN OTHER         ROW
           COL %  IOS ADMIN ADMIN                          TOTAL
           TOT %  I      1  I      2  I      3  I      4  I
VAR003    --------I--------I--------I--------I--------I
                1  I      0  I      1  I      1  I      3  I      5
  LESS THAN 1 YEAR I    0.0  I   20.0  I   20.0  I   60.0  I   16.7
                   I    0.0  I   20.0  I   33.3  I   17.6  I
                   I    0.0  I    3.3  I    3.3  I   10.0  I
                  -I--------I--------I--------I--------I
                2  I      2  I      3  I      0  I      4  I      9
  1 - 2 YEARS      I   22.2  I   33.3  I    0.0  I   44.4  I   30.0
                   I   40.0  I   60.0  I    0.0  I   23.5  I
                   I    6.7  I   10.0  I    0.0  I   13.3  I
                  -I--------I--------I--------I--------I
                3  I      2  I      0  I      1  I      4  I      7
  3 - 4 YEARS      I   28.6  I    0.0  I   14.3  I   57.1  I   23.3
                   I   40.0  I    0.0  I   33.3  I   23.5  I
                   I    6.7  I    0.0  I    3.3  I   13.3  I
                  -I--------I--------I--------I--------I
                4  I      1  I      1  I      1  I      6  I      9
  5 - 6 YEARS      I   11.1  I   11.1  I   11.1  I   66.7  I   30.0
                   I   20.0  I   20.0  I   33.3  I   35.3  I
                   I    3.3  I    3.3  I    3.3  I   20.0  I
                  -I--------I--------I--------I--------I
           COLUMN        5         5         3        17        30
            TOTAL     16.7      16.7      10.0      56.7     100.0

NUMBER OF MISSING OBSERVATIONS =      1
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SECTION III

The following are the comments to the statement:

"Please make any comments you might have concerning the success of the workshop".

1. Because each UAF is unique we have individual problems. It was interesting to find we had so many problems in common. Very well done.

2. It's my impression that very few people learned more than a trifle. It's almost impossible to achieve success in such a milieu.

3. Well organized, planned and balanced program. All details well handled. Plaudit to the conference coordinators: Elder, Onorati and Thorkildsen.

4. Excellent planning and execution. Excellent physical setting and arrangements.

5. Jerry Elder is to be commended. The workshop was very beneficial in; a) deriving a greater feeling of commonality and sense of a national program by UAFs; b) administrators seemed to leave feeling more secure and mature regarding their role and contribution. This feeling should enhance their worth or contribution to their centers and; c) new ideas that are implementable were obtained.

6. Any meeting of which colleagues assemble for both formal and informal discussions of their common problems is received by me as very successful. I gain as much from the contacts with my counterparts in other UAFs as I do in any organized meeting.

7. Excellent, good planning, topic well chosen, but change panel during the week.

8. The workshop was most productive and I would recommend that they be continued.

9. Well planned and carried out, nicely controlled, length of sessions ideal and length of workshop ideal.

10. Too much emphasis on problems and too little on solutions. Maybe there aren't any in which case probably another workshop would be meaningless.

11. I thought this workshop was generally well done and enlightening to me personally.

12. An opportunity for the administrators to meet as a group. It should be continued.

13. One of the best I've attended.

14. Overall the workshop was a success.

15. I thought the workshop, on the whole, was successful but I'd be interested in hearing about the criteria by which you are judging success e.g., perceptions, reactions, products, slight behavior change. I think there was a good exchange of functional information, spontaneous interactions very worthwhile. Another worthwhile topic for a possible future system might be collective AUAF lobbying and public relations efforts.

16. It was great. Seldom have I seen interest sustained at such a level as it was in this workshop. Jerry--you and your committee did a fabulous job.

17. It was, in general, a very relevant and well conducted workshop and one of the most instructive things that has happened to me since being associated with a UAF.

18. I think all who were responsible for conduction of the workshop should be commended-- 80-90% attendance by those first attending must be some kind of record.

19. I think the conference was a success. It was well organized and stuck to the objectives put forth.

20. Too often the speakers seemed to have a limited idea of what a UAF is.

21. It seems extremely difficult to cue outside consultants as to what a UAF might be. However, this reality probably makes the contribution of UAF participants be rendered to a better understood common denominator.

22. Excellent workshop, series should be continued.

23. Very pleased with it.

24. The workshop overall rates VS. Please extend my thanks to those who actively participated in setting up this program and to the granting agency which in reality made it all possible.

25. Very successful. It accomplished completely the overall broad objective listed on the program.

The following are the comments to the question:

"How would you change the format of future management workshops?"

1. I wouldn't change it.

2. I think the planning and format were excellent. The planning committee deserves and merits strong commendations.

3. More federal involvement particularly in the small groups. There should be a federal representative in there. Representation such as the D.D. group should be considered.

4. Attempt to get the presentations more involved with the audience. Some rather interesting and informative discussion were cut off for various reasons. I think more cases should be used. These are useful methods of getting group interaction. I wouldn't use this evaluation form or if used consider it of much value. If you notice, most of my evaluations are in the middle of the spectrum. I would imagine that the majority will read this way. To gain more constructive criticism of the session, open ended questions should be used also. It's hard to evaluate the case study sessions since they did not follow the program.

5. Format was fine. I am sure through questionnaire some other topics may become appropriate between now and another workshop. Other problems may arise. Also a big push may be on. Who knows?

6. I would have liked more time to discuss actual case problems. Because each UAF is different, principles don't help me as much as details. Also, it would be very interesting to me to cover the pertinent legislation and political scene.

7. Perhaps a little more time devoted to very practical problems, but only perhaps.

8. None in format really, but I feel that a better way of getting a handle on cases for discussion, rather than: "Here it is, discuss it." Also, it may be better to have UAF people as discussion moderators, with the "outsiders" as resource persons.

9. Allow 1 hour per day for the entire group to "rapt" about particular interests that have been stimulated during the sessions.

10. Separate the case study discussion members by UAFs with similar settings on historical backgrounds.
    re: hospital base Clinical Service Programs
    Session #10 could be expanded to include HR I requirements, etc.

11. Shorten it to two days.

12. An excellent workshop.

13. Yes. The same problems seem to come up over and over. Therefore, spend more time on problems applicable to the majority of the UAFs. This time around, we received a shot-gun effect and did not really analyze the problem in depth. I would suggest in future workshops the person or group of people who submitted cases start off the lectures with their reasons for concern and therefore faster discussion and exchange of ideas. Then, if outside consultants or observers are required, they would give us their viewpoints and suggestions after learning more specfically the facts and under-pinnings that exists.

14. Spontaneity needs to be accommodated to a high degree. The two moments during the course of this workshop when high interest occurred were stifled because of a time factor. Incorporation of spontaneity presumes an extremely sensitive workshop monitor from among us plus a process observer would be the happiest solution.

15. Yes. Less outside didactic. More presentations by our own group. More opportunity for open discussions. More federal agency representation. Where was SRS? BEH? Consultants more attuned to Hospital and Public Health Administration: and what's a UAF.

16. See 17 - suggest smaller, Regional Programs, lasting up to 2 days.

17. If Administrative Assistants, Office Managers are included special discussion sessions might be scheduled to cover problems directly applicable to their positions.

18. But I believe I would use the UAF Administrators as the faculty and have an outside "expert" in whatever the topic is available as a consultant or reactor. The uniqueness of the UAF and their diversity makes it difficult for outsiders to grasp our activities. However they can provide a broader perspective and alternate viewpoints to us. In addition I would favor some more small group meetings and fewer "lecture" sessions. The pattern of the meetings for this workshop could have been reversed.

19. I would change memberships of small groups at each session - this would avoid a few people taking over at the first session and setting a precedent for future sessions that reduces the possibility of wide participation and thus limits the value of the sessions. If possible, it would be better to have more groups with smaller membership.

20. Use more UAF people. Have some UAF Directors here.

21. I feel that the input from the UAF is critical in the program format and this program took this into consideration. It appears that evening rap sessions would be beneficial.

22. Perhaps, a little more time on case studies: if not for reaching actual solutions, to allow for more participation by those who do not participate until they feel comfortable with the group, and to allow for time to learn from others thru their ideas and experiences.

23. This one was most satisfactory.

24. I would not suggest any particular change in the workshop format. I think that case study discussions could have been a little more structured to have allowed more attention to the specific cases or issues in question and not so much rambling.

25. Yes. To relate to very specific - but limited issues in very great depth by and with Federal Input.

26. Get persons more involved in active problem solving rather than lecture format.